THE PUBLIC AGENDA FOUNDATION

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INFANT MORTALITY IN THE THIRD WORLD: THE PUBLIC'S REACTION TO CHILD SURVIVAL

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Infant Mortality in the Third World:
The Public's Reaction to Child Survival.

A report for the U.S. Committee for UNICEF, analyzing
obstacles that impede citizens' consideration of ways
to reduce infant mortality in developing countries,
with recommendations for the Child Survival Campaign.

INFANT MORTALITY IN THE THIRD WORLD: THE PUBLIC'S REACTIONS TO THE CHILD SURVIVAL CAMPAIGN

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I. PROJECT HISTORY AND INTRODUCTION

The World Health Organization and the United Nations estimate that every day in developing countries, 40,000 children under five die from easily preventable causes. This ongoing tragedy has been called the "silent emergency" because, unlike famine, earthquakes or other natural disasters, it is not covered by the news media and most Americans, like citizens in other developed countries, are unaware of it.

Beginning in March, 1986, the U.S. Committee for UNICEF will begin a national campaign to alert Americans to this tragedy and to inform them that a worldwide effort, the "Child Survival Campaign," is underway to cut this number in half by the end of decade. The Committee hopes to generate public and leadership support for this internationally backed effort. A four part strategy that falls under the acronym "GOBI" will be used to accomplish this goal. Briefly, the letters stand for the following:

"G" -- Growth monitoring: teaching parents to monitor their baby's height and weight through the use of an inexpensive growth chart;

"O" -- Oral rehydration therapy: teaching parents to give children a salt and water solution when their children get diarrhea, thereby preventing dehydration caused by diarrhea, the single biggest killer of infants in developing countries;

"B" -- Breast-feeding: encouraging mothers to breast-feed their babies, thereby providing infants with natural immunities and better nutrition;

"I" -- Immunizing children in the Third World against six diseases (polio, TB, diphtheria, measles, whooping cough, and tetanus), with the goal of "universal immunization" against these diseases by the year 1990.

Under a grant from the Carnegie Corporation, the Public Agenda is analyzing and evaluating the U.S. Committee's effort. The Public Agenda's research is designed to accomplish a variety of purposes:

- To provide the U.S. Committee with a clear picture of Americans' views about the issue of Third World infant mortality, including their likely response to the campaign, and the obstacles that might prevent them from giving the issue their most serious consideration;

-- To assess campaign brochures, films and other materials and provide the U.S. Committee with a clear understanding of how campaign materials and messages are understood;

-- To assess public and leadership opinion both before and after the campaign in order to gauge the extent to which the effort affected both groups' views about the issue of Third World infant mortality;

-- To conduct intensive panel sessions with the public after the campaign to ascertain which parts of the effort were most effective, and why;

-- To provide the U.S. Committee and the Carnegie Corporation with a final report assessing the various components of the effort so that the experience gained in this campaign can be shared by other organizations attempting comparable efforts in the future.

The first phase of the Public Agenda's effort called for an evaluation of the public's thinking about Third World infant mortality, or an assessment of the public's "starting point." The aim of this phase is to identify and analyze the obstacles impeding citizens from giving the issue and the Child Survival Campaign their most serious consideration. To accomplish this goal, the Public Agenda constructed a research design involving a series of six focussed group discussions (or focus groups), each with about a dozen typical citizens reflecting a cross section of various communities. The sessions, lasting about two hours each, were conducted in Houston, Los Angeles, Minneapolis, Philadelphia, and Atlanta, the campaign's five "Model Cities" where the Child Survival Campaign effort will be most intense. The sixth group was held in Denver, a city chosen for geographic balance and because of its potential as a campaign site at a later date.

In each session, the Public Agenda assessed respondents' attitudes about the issue of Third World infant mortality, gauged what people knew about the issue, then systematically provided information about the issue and the campaign and assessed reactions to each piece. The ultimate objective of these sessions was to enable the Child Survival Campaign staff to understand Americans' initial reactions to the campaign, and their considered reactions as they learned more about the effort.

The Public Agenda's research plan and specific lines of inquiry for this first phase were developed with the cooperation and active involvement of Mr. Humphrey Taylor, President of Louis Harris and Associates and Chair of the Child Survival Campaign's Evaluation Committee, and senior U.S. Committee campaign staff, including the effort's Acting Director, Mr. Phil Gibbs, the Campaign's Deputy Director, Ms. Cindy Sutliff, and the Model Cities Coordinator, Ms. Estelle Strizhak. Ms. Avery Russell, Program Officer of the Carnegie Corporation, was instrumental in seeing the need for this type of analysis. Mr. Gibbs also observed two of the sessions and worked with the Public Agenda to review citizens' reactions and revise lines of inquiry as a result of preliminary analysis and findings while the series was still in progress.

This report presents an analysis of the results of those six groups. Specifically, the report analyzes the obstacles impeding respondents in the consideration of the effort on its merits or its humanitarian value. We discuss in detail the assumptions or premises that underlie respondents' views. In addition, we make a series of recommendations to the U.S. Committee about the most effective arguments and pieces of information to stress in order to engage Americans' thinking about this vital issue. We have also listed a series of "Additional Observations," findings or important insights that, while not "obstacles" in the sense we use that term, will nevertheless be instructive and helpful as the Committee undertakes its work.

The report is organized as follows:

-- First, we briefly describe the Public Agenda's approach;

-- Second, we present a brief summary of our analysis of respondents' reactions, with recommendations for the Child Survival Campaign;

-- Third, we detail an analysis of the obstacles impeding public consideration of this issue, including a description of the premises that underlie people's thinking, and a discussion of the different pieces of information or arguments that had the greatest impact on people's thinking. In this section, we also make a number of specific recommendations for the Committee's campaign effort;

-- Fourth, we present a series of additional observations, a further analysis of people's reactions that are directly relevant to the effort, with additional recommendations for the Committee;

-- Finally, the methodology used is described in detail.

II. THE PUBLIC AGENDA'S APPROACH

The Public Agenda's work rests of certain assumptions, developed over some years of research, about public opinion toward complex policy issues. These assumptions include the following:

1. technical policy questions that seem too difficult for citizens to consider in fact often mask value questions that, when reduced to essentials, can be effectively addressed by typical citizens who lack expertise;

2. while citizens' initial views about an issue may appear inconsistent or based on misinformation, most Americans have a far greater capability to consider complex issues and reach an informed judgment about them than many policymakers and experts believe;

3. information about complex issues must be clearly organized and presented so that citizens can sort through an issue's significant aspects and relate the options about it to their own deeply held values;

4. citizens need time to consider the implications of unfamiliar positions;

citizens' considered judgments -- the views they express after they sort through an issue's technical aspects, recognize and struggle with the inconsistencies of their initial views, understand incontrovertible information about an issue, and consider the implications of various policy options -- are generally stable, consistent, realistic, and worthy of serious consideration by policymakers.

The Public Agenda has, over the years, been able to identify various types of "obstacles" that block or impede citizens from realistically or seriously considering policy issues. The technique used in this first phase of the Public Agenda's research, the focussed group discussion or focus group, has proven well suited for what we call "obstacle analysis;" while focus groups, like any qualitative method, do not yield the statistical reliability of a nationally projectable, random sample of public opinion, this method offers numerous advantages. In this case, the Public Agenda used the technique to discover the range of concerns that citizens associate with the general issue of foreign assistance to developing countries and to the particular issue of reducing Third World infant mortality. By gauging initial reactions, then providing information and arguments and gauging reactions again, we are able to provide both a framework that displays the premises on which public thinking about these issues are based and also the information necessary if citizens are to confront this issue realistically and give it their serious consideration. Strictly speaking, however, the obstacles and observations presented in this report are hypotheses that would need to be validated by reliable quantitative methods before they could be considered definitive within precise sampling error.

We should also note that the Public Agenda, as a nonpartisan institution, does not take a point of view on the issues it investigates. Rather, our efforts are to discover and describe public reactions, no matter what they might be. In terms of this project, however, the Public Agenda has assumed a slightly different posture. While our primary objective is to describe and analyze public thinking, we are working under the assumption that saving lives and reducing infant mortality is a universal value; therefore, we have assumed that part of our role in this phase is to assist the U.S. Committee to increase the effectiveness of its effort to alert Americans to the "silent emergency" of Third World infant mortality.

III. SUMMARY OF ANALYSIS AND RECOMMENDATIONS

The following summary merely highlights some of the most important material described in detail in the following section.

The single most important result of the research may be that, almost without exception, those interviewed in six sessions felt that reducing Third World infant mortality is a worthwhile goal and something they would support. While we identified a variety of obstacles that impeded many from giving the issue their serious consideration or that reduced their enthusiasm for the effort, these initial positive opinions became even more positive as the sessions progressed and as people learned more about the effort. Suggesting as it does the Child Survival Campaign's tremendous potential, we feel that this result should be heartening to those at work on the effort.

A number of obstacles that impeded respondents from seriously considering the effort were identified, and an analysis of them with specific recommendations for the campaign follows in Section IV. Most prominent among these obstacles were the sense that problems facing developing countries are overwhelming, and the sense that the effort will be the sole responsibility of the United States. In both cases, as with other obstacles identified, particular pieces of information changed respondents' views. The latter sense was overcome when people learned that the effort is supported internationally. Respondents' feeling that Third World problems are hopelessly massive is more complex and not so easy to overcome; but when respondents saw this effort as a short-term, emergency response with limited goals instead of an effort of indefinite length with tremendously ambitious goals, they were much more likely to support it enthusiastically.

IV. DETAILED ANALYSIS OF THE OBSTACLES IMPEDING CITIZENS FROM GIVING SERIOUS CONSIDERATION TO EFFORTS TO REDUCE THIRD WORLD INFANT MORTALITY, WITH RECOMMENDATIONS FOR THE U.S. COMMITTEE FOR UNICEF'S CHILD SURVIVAL CAMPAIGN

Obstacle #1: The reluctance to face a new problem.

It is often the case that people's initial reaction to virtually any new problem is to wish it did not exist. Implicitly, the recognition of a new problem calls for action or at least concern, thereby upsetting, at least temporarily, an individual's equilibrium and felt ability to manage his life. It is not unusual for people to express discomfort or even irritation when they first learn about a problem, and to use arguments or rationalizations to remove it from their awareness, thereby eliminating the discomfort it causes. What a psychologist might call "denial" is a common response to even mundane problems (like a "funny noise" in a car or a household appliance); in fact, much of our culture's television and cartoon humor rests on this premise. (Certain TV shows, such as "Father Knows Best" for example, have often depicted situations where one character persistently fails to recognize a problem that others clearly see.)

For nearly everyone interviewed, the issue of child mortality in developing countries was something about which they were unaware. It is therefore understandable that many respondents expressed initial reluctance to confront the issue. A few denied that infant mortality was a matter of concern to parents in developing countries. A woman from Philadelphia said, "It's common place for a child to die [in the Third World], so it's not really a hardship [for people] in those countries." More often, respondents questioned the statistics presented by the moderator. "Exactly how accurate is that estimate?" people asked. Or, "Where do those numbers come from?" A man from Denver said to the moderator: "You are providing us with all these facts and figures -- where do they come from? How do we know they are legitimate or that they are not just maybe one organization's statistics that they've [the organization] come up with that they want us to believe?"

A number of respondents said that if infant mortality were really as bad as the statistics suggested, they would have heard about it before. In part, these reactions stemmed from an inability to empathize with parents in developing countries (See Obstacle #2) and from a lack of knowledge (see Obstacle #3); more generally, however, respondents' initial reluctance to consider the issue seemed rooted in the altogether human wish that the problem, like any other, did not exist.

Recommendation for the campaign:

The issue of infant mortality should be presented clearly, authoritatively, and not overstated. The source for all statistics and estimates should be prominently displayed. Such measures will make it difficult for people to question the accuracy of the statistics. If the numbers are easy to understand, and the source listed so that the accuracy of the estimates cannot be doubted, people will be less inclined to wish the issue away, dismiss it, or push it out of their minds. Additionally, though the numbers are large, informing people that something can be done to reduce them will reduce their felt need to do so.

Obstacle #2: The difficulty of empathizing with people in developing countries.

Many respondents found it hard to empathize with people in developing countries. This difficulty stemmed in part from lack of knowledge, but it was also the result of a limited ability (although not an unwillingness) to imagine how such people live, and to understand their concerns and values. Numerous respondents said, for example, that "life is cheap" (i.e., cheaply regarded) in developing countries, and that parents had children mainly because of their potential to make an economic contribution to the family. A Viet Nam veteran recounted how, during his tour of duty, a peasant said that "if his [the peasant's] wife or children died, he [the man] would grieve; but that if his water buffalo died, his life would be ruined." The respondent interpreted this story to mean that the man did not love his wife and children as deeply as do people in the West. Other respondents questioned whether families would even want their children to be immunized against diphtheria and other diseases. One woman who strongly supported the Child Survival effort said one reason for her support was that the campaign would "teach mothers (in developing countries) to love and care for their children."

The difficulty in empathizing with those in developing countries may be rooted in economic, racial and cultural differences, and in America's historical and physical isolation. Whatever the reasons, however, we should stress that there was a sharp distinction between respondents' ability to empathize and their willingness to do so. In discussing the Ethiopian famine, for example, respondents often described their reactions to television images and photographs of individual children, while rarely if ever mentioning statistics about the number of people affected. As the sessions progressed, and the effort to reduce infant mortality was discussed at length, as people learned more information and considered other points of view, their empathy for parents and children in developing countries usually increased, and often to a considerable extent.

Recommendation for the campaign:

The difficulty respondents had in empathizing with parents in developing countries suggests that, whenever possible, the issue of infant mortality should be presented anecdotally. Reactions to the Ethiopian famine suggest that enabling Americans to consider the issue, however briefly, from the point of view of an individual -- either a parent or a child or a volunteer working to immunize children or teach mothers how to use the salt solution to prevent dehydration -- will increase people's ability to imagine accurately and thus empathize more generally. In addition, providing people with detailed information about a specific activity in a particular country will help bring estimates and numbers to life, and thus accomplish the same end.

Obstacle #3: Lack of knowledge

As noted, respondents had virtually no prior knowledge about Third World infant mortality and many found it hard to imagine the feelings of people in developing countries. Additionally, most participants had little knowledge about developing countries: they lacked information about politics and economics and day-to-day life of Third World residents. A few respondents were dramatically uninformed. One woman, for example, suggested that Africa was a single country with one government. Others either greatly overestimated or underestimated the standard of living in developing countries. For example, in discussing how to disseminate information about GOBI in developing countries, one man suggested that television be used, implying that most people in developing countries had a TV.

Other respondents said health care is largely unavailable to people in developing countries, or that people had to "walk miles" to see a doctor, suggesting that many (if not most) people in Third World countries lived in remote, isolated villages that are far from the basics of civilization. In addition, many respondents said that famine is rampant in the Third World, and from that premise questioned the feasibility of one component of the campaign "What good is breast-feeding," more than one person asked, "when a mother is so malnourished that she hasn't any milk?" A woman from Philadelphia said, "I can't imagine these people in backward countries going out to buy canned milk. They just don't have it [the milk], they don't have the money, they don't even have can openers." Others said that since most people in developing countries do not have access to clean water, rehydration therapy would not work, or that diarrhea was so chronic as to be almost a daily fact of life. A Los Angeles woman said, "Parasites are a big problem. They [people in developing countries] have parasites that just come out of your mouth."

To a considerable extent, respondents' lack of knowledge formed the premise for several widely held misperceptions about the campaign and its doability. As described in greater detail in Obstacle #5, respondents often said, for example, that the effort could not succeed in reducing infant mortality because of the attitudes of Third World governments.

Recommendation for the campaign:

It would be impossible for the campaign to provide enough information to overcome this obstacle completely. However, certain key pieces of information can be integrated into campaign material and presentations aimed at the general public that can help overcome this obstacle. Among pieces of information that were or will be effective in this regard are the following:

- -- that radio will be used to communicate information about the effort, and that most people in developing countries either have (or have easy access to) a radio;
- -- that most people in developing countries do have access to health care;
- -- that much of the effort will in fact focus on people living in urban areas.

This obstacle is related to Obstacle #4: "A deeply-rooted skepticism or fatalism that any effort, including this one, can be adequate to improve life in developing countries." Recommendations for overcoming that obstacle also apply to this one.

Obstacle #4: A deeply-rooted skepticism or fatalism that any effort, including this one, can be adequate to improve life in developing countries.

Respondents in several sessions were asked whether U.S. foreign assistance to developing countries should be increased, decreased, or kept at current levels. Among 36 respondents, 32 said foreign aid should be decreased. They were then asked about emergency relief efforts such as the aid provided to famine victims in Ethiopia. Virtually without exception, the same respondents who favored cutting foreign aid said that famine relief or emergency aid after earthquakes, floods or other disasters should at least be kept at current levels, or even increased, depending on the need. Respondents were proud of America's historical response to such tragedies. "Whenever there's a earthquake or anything like that," a man from Atlanta said, "we've always been there to help." A number of people were visibly moved when they talked about the images of famine victims. "The sight of those children with swollen bellies and flies on their faces broke my heart," a Philadelphia woman said.

Respondents were asked to reconcile this apparent inconsistency -- cutting foreign aid while simultaneously increasing emergency assistance -- and in the discussion, several themes emerged. Some respondents said that efforts such as Live Aid called on people to respond as individuals, rather than as taxpayers through the government. Voluntary efforts that were not, in one man's words "coercive" were more attractive or palatable, some said. When pressed further about government aid, however, respondents drew a key distinction that may explain this paradox and underlie many Americans' attitudes about foreign aid in a general sense.

Considering life in developing countries led many respondents to feel numb or hopeless. Most of those interviewed said that even the most successful foreign assistance efforts were a "drop in the bucket." So much is needed, they said, that any effort will be woefully inadequate, and therefore, implicitly, futile, a waste of time and money. In respondents' view, the problems facing developing countries are overwhelming and intractable.

Many expressed a almost fatalistic concern about the quality of life of those who survive. "Even if it [the effort to reduce infant mortality] is successful," several respondents said, "it won't make any difference. Those whose lives are saved will only grow up in poverty, without any hope of bettering themselves, of making a decent living or securing a better future for themselves and their family." One man commented, "All right, assume the campaign does save the lives of some three year olds. How long will they live -- until they're nine or ten?" A man from Philadelphia said, "If we saved all the children we wouldn't be able to feed them. They would grow up and starve later." A woman from Los Angeles said, "I'm not going to want to save the babies to watch them die as children."

In respondents' view, even if every cent of development assistance were well spent (which most felt was not the case, see Obstacle #5: "The feeling that foreign assistance does not reach the people in need of help"), the problems of famine, disease, illiteracy, lack of skills, and general economic underdevelopment are so massive that the aid would make little difference.

When discussing emergency relief, however, respondents expressed a completely different view: a primary reason why so many favored cutting foreign aid, yet proudly and generously supported emergency relief efforts was the feeling that the latter really does do good, it really does help people in need, it really does make a difference. While several respondents complained about administrative waste, of "food rotting on the docks," or of bulldozers and other heavy equipment that could have helped in the Mexico City earthquake sitting idle because "no one knew how to use them," nearly everyone felt that, in spite of such waste, much of the aid did get through; and, most added, the need is so chronic, that waste is an acceptable price to pay if people's lives can be saved.

Recommendation for the campaign:

The sense that Third World problems are so overwhelmingly massive that no effort can really make a difference is, in our view, the greatest single obstacle that will block Americans from giving serious consideration to the issue and the campaign. However, in every session, this sense of hopelessness and fatalism diminished significantly when respondents saw the effort as a short-term, emergency response to a specific, pressing, ongoing tragedy.

Several arguments or pieces of information helped respondents see the effort as a emergency response to a pressing problem. First, respondents were reminded about the worldwide success at eliminating small pox. (While a few respondents were not aware of this success, the overwhelming majority were. However, those interviewed did not mention the fact spontaneously, or make a connection between a successful effort to eradicate one disease and the precedent and hope it offers for successfully eradicating others.) Progress is measured one step at a time, the moderator said; and while it is certainly true that this campaign will not transform life in the Third World or cure every problem facing those who live there, it would, he continued, represent a giant step forward. After considering the success with small pox within a "step-at-a-time" framework, many respondents' search for a "perfect solution" to the massive problems of developing countries was tempered or dissipated completely; they began to consider the effort quite differently, and many quickly changed their views about the effort -- either from negative to positive, or from positive to more positive.

Another piece of information that helped counter respondents' sense that the problems facing developing countries are hopeless was this fact: that in addition to taking lives, the preventable diseases targeted by the campaign permanently disable thousands of children every day. Respondents' sense that the effort would not improve people's quality of lives was eradicated when they considered how many would not become blind or crippled if they were immunized against the diseases targeted by the effort.

We therefore strongly recommend that the campaign stress that this is a short-term, emergency effort designed to deal with a specific, deadly situation. The campaign should inform people that the six diseases that would be prevented by universal immunization cause permanent disabilities in addition to death. Finally, and perhaps most important, we urge that campaign materials emphasize that Third World health has improved, that past success has been achieved in areas such as the elimination of smallpox. More than any other piece of information or argument, this helped people see that progress is measured in steps, not leaps and bounds; and that the Child Survival Campaign, though not a perfect solution or cure-all for every problem facing developing countries, is a major step forward.

(In this context, we should also note that one of the campaign's draft brochures argued that conditions in developing countries were similar to conditions in the U.S. one hundred years ago. The implication was that the U.S. progressed and became a prosperous country, and so can nations in the Third World. Importantly, this comparison did not affect respondents' thinking to any great extent. It did not change their views about developing countries, or help them visualize the problem differently. In one group, respondents suggested that this comparison was strained or inauthentic. However, the smallpox success, perhaps because it was more recent and worldwide, did affect respondents' thinking, sometimes quite dramatically. It led them to make numerous other associations to, for example, the Salk vaccine and other measures that improved public health within their lifetime or, in the case of younger respondents, the lifetime of their parents. We therefore recommend that the campaign not draw an analogy between life in the U.S. one hundred years ago and life in developing countries today.)

Obstacle #5: The feeling that foreign assistance does not reach the people in need of help.

Exacerbating the sense that the problems facing Third World countries are overwhelming was the conviction that American foreign aid is not, and has not been, well spent over the past several decades. "The river beds [in Ethopia] started drying up four years ago. Where was the foreign aid? It was going there [to Ethiopia], but it wasn't getting there [i.e., meeting the need]." Instead, respondents felt that most aid rarely helps those for whom it is intended. In one session, they estimated that only about twenty cents out of each dollar in nonmilitary foreign assistance actually gets to the people for whom it is intended. The rest, they said, goes for excessive administrative costs, "red tape" and into the pockets of corrupt foreign officials. "I don't think they [the people in need] are getting it [foreign aid]," a woman from Philadelphia said. "I think the big guys are getting it and they can give it to whomever they want to give it to."

Importantly, even much private assistance from very well regarded agencies such as CARE, Save the Children and the Red Cross does not, in respondents' view, reach those for whom it is intended. While feeling that private efforts are much more efficient than the government's, respondents estimated that only about fifty or sixty cents of each dollar in private aid ends up reaching the people in need of help. (By way of comparison, several respondents said that 89 cents of each dollar contributed to the United Way gets to those for whom it is intended.)

A final reason why some respondents wanted to reduce foreign assistance involved views about the proportion of aid that goes for military purposes as opposed to meeting strictly humanitarian needs. In two sessions, a majority said that the U.S. spends far too much for military assistance which is, in their view, of no help or value to impoverished people in the countries receiving the assistance. "All it does is buy guns so that they die quicker," said a man from Minneapolis. Several respondents favored decreasing military assistance, without cutting back (or only slight decreasing) nonmilitary aid. We should emphasize, however, that this was not the view of everyone interviewed; indeed, some respondents called for more military aid and less nonmilitary assistance. More importantly, however, this reason was not nearly as important a premise underlying respondents' views about foreign aid as perceptions about the intractability of Third World problems. We should also note that the sessions were conducted during a time when there was much news about events in the Phillipines, and respondents' views about military assistance and corrupt officials may have been influenced by their attitudes toward the Marcos regime and U.S. involvement in that country.

Recommendation for the campaign:

Given respondents' views about U.S. foreign assistance, we recommend that the campaign emphasize the extent to which the Child Survival Campaign is a private, voluntary effort. (Additional reasons for this recommendation are suggested by material detailed later in this report.) Since Americans will respond more positively to government assistance if they feel that it is an immediate, short-term response to an emergency situation, we recommend that the Campaign emphasize the similarity between the government's response to this effort and its response to other emergencies such as famine and natural disasters. Otherwise, citizens may feel that the government is merely throwing taxpayers' dollars into a bottomless pit of need -- and doing so wastefully or inefficiently as well.

Obstacle #6: The feeling that in terms of foreign aid and developmental assistance, America has been victimized in the past.

In addition to feeling that American foreign assistance has accomplished little, respondents said U.S. foreign aid is often (or even generally) resented by those who receive it, that it does nothing to counter widespread anti-American sentiment, and that sometimes U.S. aid actually creates such feelings among people in the Third World. "We have to overcome not so much the people but the government," a man from Denver said. "The governments [in the Third World] are hostile to us when we come in and say we want to help. They have the attitude: 'We don't want your help! Go away and leave us alone!'" Many respondents expressed the view that in terms of foreign aid or developmental assistance, the U.S. has been "victimized" in the past. "We try to buy friends," one man said. Many respondents said that countries that receive assistance are not grateful to the U.S. (and to the citizen-taxpayers whose sacrifice makes such assistance possible); respondents felt that many countries resented our comparative wealth and their need for assistance. Most respondents simply assumed that the Child Survival Campaign would be a unilateral U.S. effort. In this context, many expressed concern that the effort would strain U.S. resources, fail to achieve its goals, and be resisted and resented by people in the Third World.

But when respondents learned that the campaign is an international effort that is supported by foreign governments and foreign private charities, their views about the effort became much more positive. In one group, after learning these facts, a number of respondents asked how much the whole effort would cost. When the moderator said the estimated cost was $1 billion, a man from Denver said, "Why that's peanuts." The reaction of several others was, "Is that all?" A few respondents volunteered that the U.S. should pick up half the total cost. When respondents also learned that the effort is already underway, that thousands of children have been immunized and that volunteers are working to distribute GOBI materials and teach mothers how to treat diarrhea, they became even more enthusiastic and even more willing to support the effort. Many seemed stunned that so much progress had been made (or could be made) without substantial assistance from the American people. Indeed, more than any other fact, argument or piece of information, the fact that this is an ongoing international effort caused the greatest increase in respondents' support for the effort.

Recommendation for the campaign:

Of all the facts or arguments presented in the sessions, information that this effort is internationally supported led to the greatest increase in respondents' support for the campaign. We recommend that campaign materials stress that the effort is supported by private agencies and governments throughout Europe and elsewhere. To increase further people's sense that this is not an effort that will be funded or administered solely by the U.S., Committee staff might learn whether the Soviet Union or other communist governments are supporting the effort and, if so, mention that fact as well. Most respondents came to the view that this is an issue that everyone can support, regardless of ideology, geography, religion, or views on other issues. Learning that even America's adversaries support the effort will probably increase that sense.

But while campaign materials and campaign representatives should make it clear that neither the U.S. nor the American people are expected to shoulder the entire cost of the effort, or even the lion's share, we do not recommend listing figures that compare the total or per capita contributions of various nations. Such comparisons only invite feelings of national rivalry, competitiveness and guilt; in order to generate maximum public attention and support, it is essential that the campaign avoid stirring up such feelings as they would almost certainly be counterproductive.

Obstacle #7: The feeling that the effort is not administratively doable

Respondents raised numerous questions about the campaign's overall doability, some of which stemmed from their lack of knowledge or related to their feelings about foreign aid. Questions included: Who would actually immunize the children and disseminate the other information? Wouldn't it require tens of thousands of volunteers working many years to accomplish the goal? How would children in need of immunization be identified, located and contacted? What good is rehydration therapy if the drinking water is so bad that diarrhea is chronic? On the subject of breast-feeding, a man from Philadelphia asked: "If a mother has some kind of disease, scurvy, or some venereal disease -- don't they pass that on the baby?" Other questions included: Isn't the illiteracy rate so high that mothers could not read or use the growth monitoring chart? Aren't people in developing countries generally superstitious and mistrustful of western medicine and doctors? Won't they resent or resist the effort? Won't people's religious beliefs lead them to oppose immunization? Won't they see the entire campaign as an attempt by westerners to impose foreign values and change their culture?

As noted above, virtually everyone interviewed assumed that the campaign would be a unilateral U S. effort. In this regard, many respondents raised questions about the number of Americans that would be required to implement the effort. Many respondents visualized the effort as being run by the Peace Corps and questioned the number of volunteers that would be needed and the limits of American resources (both financial and in terms of people). Several wondered if anti-American sentiment wouldn't lead people in most developing countries to resent or resist the effort. Importantly, hardly anyone in any session considered the attitudes of Third World governments without prompting. Virtually no one wondered if Third World governments would support the effort, be involved in any way, or were even concerned about reducing infant mortality within their borders. Rather, most assumed the effort would be a direct U.S. undertaking, funded and administered by Americans, and staffed by American volunteers, medical personnel, and Peace Corps volunteers.

Recommendation for the campaign:

While this obstacle was important, it was also easy to overcome. When people learned that massive immunization efforts had already been completed in different countries under the leadership of the local government, local volunteers and, in at least one case, the mobilization of the Army, they began to imagine a more realistic picture of the effort and its implementation. We therefore recommend that campaign materials intended for the public describe at least one effort in considerable detail. In addition to providing information about the number of children immunized, the campaign material should describe how the task was carried out, and discuss the local government's attitude and involvement. Providing such detail about the effort (and, implicitly, about people's response to it) will also help citizens overcome some of their hazy, stereotypic images about life in developing countries and visualize how this effort might in fact be carried forward on a worldwide scale. When people begin to get a clearer picture of what has already been accomplished and the means used, they can picture more clearly what a more extensive effort would involve. And then their support increases, often rather dramatically.

Obstacle #8: Lack of efficacy about a individual's ability to improve life in the Third World.

Complementing the sense that no amount or type of aid can make any difference or improve the lives of people in developing countries, another powerful theme emerged from the discussions: respondents' own lack of confidence that they themselves could make a difference. As noted, respondents said that virtually nothing could improve life in the Third World; yet when they talked about the recent famine or other disasters, their views were markedly different -- not only because aid has been delivered, but also because Americans, as individuals, had shown their ability to help remedy the situation. Respondents were not only proud of the country's efforts to help famine victims, a number of them said they themselves had contributed to famine relief. Many also mentioned their contribution to the United Way and their feeling that they were making a sacrifice to accomplish something worthwhile. In Denver, respondents proudly told the moderator that residents of that city contribute more per capita to the United Way than anywhere else in the country. And when told after the end of that session that Denver was not one of the model cities targeted by the campaign, several seemed insulted and told the moderator that UNICEF was making a big mistake because people in Denver would welcome the chance to help with this effort.

In large part, then, a key difference between respondents' views about emergency relief and long-term assistance seems rooted in their own sense of efficacy, the feeling that what they and others do as individuals can make a difference. When people feel efficacious, they become energized and motivated to volunteer and help. In this context, we should also mention that a few respondents mentioned Save The Children, and one woman said her mother had "adopted" a child through that program. "We have to save one child at a time," she said, "then, pretty soon the numbers mount up." The implication of these remarks was that this was a program where an individual could see that his sacrifice made a difference.

Recommendation for the campaign:

We think it is vital that people regard the campaign as a concrete, short term effort in which they, as individuals, can make a difference. By the end of the sessions, most respondents wanted to know what specific steps they could take that would make a difference. Most felt that writing their Senators and Representatives was a waste of time. To increase people's sense that they, as individuals, can make a difference, the campaign might calculate the total cost, including administration, of immunizing a single child ($5.00?), then ask people to donate or raise exactly that amount in order to accomplish that particular goal. The idea that an individual (or a small group) can accomplish something worthwhile by making a modest sacrifice is a powerful message. It helps counter people's feeling that Third Word problems are so overwhelming that there is nothing they or anyone else can do about them.

Additionally, by stressing the short term nature of the effort, the campaign makes it possible for people to feel that the goals they are being asked to support are both achievable and measurable, that their donations, rather than falling into a bottomless pit of chronic need, is like a brick in a wall -- part of something they can expect to see being constructed and then completed by the end of the decade, that their volunteer work help save a child's life. In this regard, we also recommend that the campaign provide periodic progress reports to those who support it initially in order to keep their enthusiasm high and give them a sense that their efforts are paying off.

Obstacle #9: The sense that "charity should begin at home."

Another common reaction to the effort (especially pronounced early in most sessions) was the idea that "charity begins at home." Some respondents felt that the Child Survival Campaign, though a worthwhile endeavor, was a "foreign" effort that should not be supported by Americans because there are so many problems in the U.S. "We can't save the world," a woman from Philadelphia said. "We can't save everyone. We should start here at home." A number of respondents said that budget cutbacks have increased the need for social services in the U.S., and several expressed particular concern about education and the plight of the homeless.

Another reaction voiced by some respondents, and most strongly by minority group members, involved infant mortality in the U.S. Many said they would support the effort only if it either included children in this country or if American contributions were first used to reduce infant mortality in the the U.S. We should emphasize that this particular issue did not emerge in every group; and in the sessions where it did, most respondents did not consider the issue until one person raised it. For most respondents, this was not a concern or priority until it was mentioned; and when most respondents considered the issue at greater length, they said that the causes of infant mortality targeted by GOBI are probably comparatively rare in the U.S. Some respondents named children in Appalachia, children of illegal immigrants and migrant workers, and children born to parents who live in the very poorest inner city ghettoes as Americans who were potentially at risk. However, most respondents felt that while the infant mortality rate in the United States may be (or is) too high, the causes of domestic infant mortality are not the same as those targeted by this effort.

Recommendation for the campaign:

Since the issue of U.S. infant mortality was not a spontaneous concern of large numbers of respondents, we recommend that it be given a low profile in campaign material. However, this issue was a strong concern of several respondents, and, once it was raised, of most respondents. We would therefore recommend that campaign materials and representatives say that while the effort will focus on developing countries, it will try to reduce infant mortality anywhere in the world, including the U.S., insofar as the same causes might exist. In addition, campaign material should make the point that by this effort to raise public awareness and sensitivity to the issue internationally will also increase Americans' awareness about U.S. infant mortality and their willingness to support actions to reduce that rate.

As for the more general sense that the U.S. has its own pressing needs, we repeat our recommendation that campaign materials describe the effort as a short-term, emergency response to a special situation. In that context, people are far less likely to think that resources needed here are being (indefinitely) diverted for use overseas.

Obstacle #10: Resentment caused by appeals to people's guilt or sense of duty.

In virtually all of the groups, respondents' initial reactions to the Child Survival Campaign were positive, and their assessments became increasingly positive as the sessions progressed. As people learned more about the effort, and as their concerns were expressed and addressed, they tended to assign a higher and higher priority to the effort, even saying that the government should support it or that it should be a priority for private efforts.

These reactions were based on the premise that the campaign was a worthwhile endeavor, a noble goal, an appeal to people's idealism and sense of common humanity. But respondents' views about the effort shifted dramatically and became much less positive whenever the effort was described as something the U.S. or the American people had an moral obligation or duty to support. In the discussions, for example, a respondent would occasionally say that we had a moral obligation to support the effort and save people's lives. On occasion, the moderator would make a similar argument, then solicit reactions. Virtually without exception, the mood of the group changed whenever the issue was framed in such terms. Instead of weighing the merits of the effort against other good causes and assigning it a priority, respondents became defensive and, in some cases, resentful. Reactions at those moments made it clear that rather than feeling energized and hopeful about saving children's lives and doing something worthwhile, many felt oppressed, put upon, and burdened with an obligation they neither asked for nor welcomed.

In the session in Minneapolis, for example, a theology student was debating the priority the effort should receive with a woman who was concerned that the effort would not achieve its goals because mothers in developing countries would not use the information. At one point, the student said he felt more compassion toward children in developing countries than the woman did, implying that people had an moral obligation to support this effort and to do everything possible to save human life. The mood in the room changed. Whereas the group's reaction up to that point had been to agree with the student, their reactions at that moment suggested that they resisted his framing of the issue. Some became defensive, and suggested this was not an obligation either they or the U.S. had to shoulder.

In a different context, respondents were asked about various private agencies that work in developing countries, including the organization, Save the Children which was generally quite well regarded (see Additional Observation #5). One woman from Philadelphia, however, commented about the approach used by that organization to raise money. "I am sick to death of seeing Sally Struthers [on TV] begging for money," she said. The reactions of others in the room, their laughter and their nods, made it apparent that this view was shared by others. Implicit in her remarks and in the reactions of those who agreed with her was the sense that this appeal is a phoney, manipulative approach designed to make people feel guilty, and is therefore something to be resisted, resented, dismissed, or ignored.

On the other hand, discussions about the famine in Ethiopia and the Sudan and about Americans' response to that tragedy produced a totally different mood. Even those who did not themselves donate seemed proud of the generosity of the American people and the U.S. government. Numerous respondents said that America always helps in emergencies, and that to respond generously to international tragedies such as earthquakes, floods or famine was a tradition reflecting Americans' national character. In this context, respondents spoke with compassion about children and mothers in Third World countries as victims of a tragedy; comments suggested a spontaneous generosity devoid of self interest or national interest, but rather rooted in compassion, idealism and good will toward fellow human beings.

Recommendation for the campaign:

We strongly recommend that appeals for support of the effort to reduce infant mortality be presented in terms of compassion and idealism, and not in any way based on duty, a sense of obligation, or something that is in the national interest of the United States. Most respondents strongly favored trying to reduce infant mortality, especially when the issue was presented as an effort to help others for no reason other than their shared humanity. However, when the effort was considered in a framework of obligation, duty or national interests, reactions became much less favorable and, importantly, more calculated. Several raised questions about administrative efficiency, or competing national needs; other obstacles discussed in this report became more pronounced. We feel that support for the effort will be strongest when people consider the issue in soley humanitarian terms.

Obstacle #11: The view that the effort will exacerbate global overpopulation.

Several respondents said they would not support the effort or would give it a low priority because, if it were successful, it would merely exacerbate what they saw as an even greater long-run threat: global overpopulation. To them, a key issue facing the world in the foreseeable future involves the depletion of natural resources and mankind's capacity to maintain life on a ecologically fragile planet.

Importantly, however, this concern was not widely shared. In the six sessions, only about one respondent in ten said this was an important concern. A far more common reaction was that, while overpopulation may be a long term threat, we cannot let it prevent us from saving children's lives in the short term. "We must do first things first," a man from Atlanta said. "And the first thing to do is save people's lives. We'll worry about the consequences of doing that later." Others said that while overpopulation was indeed a threat, it should be dealt with later, after lives had been saved and the danger of overpopulation was more acute.

In several sessions, respondents were asked to evaluate two arguments used by the campaign that the effort will not lead to overpopulation: first, that breast-feeding has a limited contraceptive effect, and second, that in developing countries where the birth rate has stabilized, the infant mortality rate had been reduced first.

Regardless of their views about overpopulation, respondents often rejected, the argument that breast-feeding has a contraceptive effect, and sometimes quite heatedly. "Tell that to my sister," a Los Angeles woman said. "She got pregnant twice while she was breast-feeding." Others, usually younger women, insisted that the idea that breast-feeding has a contraceptive effect is a myth, the kind of misinformation that, when used as a substitute for birth control, leads to unwanted pregnancy and population increases.

In general, however, respondents felt that the second argument -- that infant mortality rates must decline before the birth rate can stabilize -- made intuitive sense. Even without lengthy exposition about the reasoning behind this argument or without learning of specific countries where this trend has been the case, large numbers of respondents said this argument had the ring of truth. To many, it removed whatever lingering concern they had about the effort's impact of world population.

Recommendation for the campaign:

Based on reactions in these six sessions, it would seem that the issue of overpopulation, while perhaps of importance to elites, is not of great importance to most of the general public. We therefore recommend that, in materials intended for the public, the campaign not deal with the issue at length. Further, we strongly recommend that the campaign not use the argument that breast-feeding has a contraceptive effect in any of its materials. Whatever the argument's scientific merits, many respondents simply reject it out of hand. In fact, reactions were so strong that this argument seemed to undermine the credibility of other arguments, facts and information about infant mortality presented by the moderator. However, the relationship between the infant mortality rate and the birth rate was felt to be a credible argument. Therefore, we recommend that this be the only argument mentioned in connection with the overpopulation issue. But more important, we recommend that at least in terms of the public, the entire issue of global overpopulation be given a much lower profile than is currently planned.

Obstacle #12: The view that unfriendly countries will benefit from the effort.

A number of respondents worried that countries unfriendly to the United States would benefit from the child survival campaign. Importantly, respondents were not particularly concerned about communist countries; rather, their fears centered on nations (such as Libya) that support international terrorism. "This will sound like an un-Christian thing to say," said a Houston woman who was deeply religious, "but I don't want to save the life of a child who will throw bombs in crowded restaurants when he grows up." A woman from Philadelphia, said, "I would say we shouldn't give aid to any country that supports terrorism. They [the terrorists] are educating their children from birth." Other respondents asked which countries would be priority targets for the effort, saying, in effect, that at the very least, nations friendly to the U.S., such as Mexico, should benefit from the effort before nations such as Libya do. "If the U.S. is funding it [the Child Survival Campaign], then I think we should have a say over what countries we decide to work with first," said a man from Atlanta.

As with many concerns, however, this feeling diminished in intensity when respondents learned that the effort was internationally supported. It seemed as if much of their reservation about helping anti-American countries seemed rooted in the assumption that the child survival effort would be the responsibility soley of the United States. As respondents understood that international support would necessarily mean international (i.e., reduced U.S.) control, they largely resigned themselves to the fact that they could not determine who would be targeted for help first.

In addition, a number of respondents argued with those who expressed this concern, saying that the effort was to help children, not nations, and that children are innocent of the political activity and terrorism that the country they happen to live in might support. Further, it was fairly common for people to change their minds about this issue; in fact, the woman from Houston quoted above did just that. When she considered the issue further, she said, "I guess we just have to take our chances and hope that the children whose lives are saved will not grow up to be terrorists. But the more I think about it, the more I agree that we can't refuse to save a child's life because he might grow up to hate us or become a terrorist."

Recommendation for the campaign:

In general, the issue of helping children in countries that are unfriendly to the U.S. did not come up until the moderator raised it. We infer, then, that this will not be a spontaneous concern of large numbers of people. When it was raised, it did carry considerable weight, especially at first. But as people considered the implications of helping only some children, their views began to change. We therefore recommend that countries unfriendly to the U.S. not be spotlighted among those where the effort is underway. Rather, campaign material should simply make it clear that this effort will attempt to reduce infant mortality everywhere in the world, without exception, and without regard to culture, race, religion, politics, or any consideration other than the level of infant mortality due to the causes that GOBI is designed to tackle.

V. ADDITIONAL OBSERVATIONS ABOUT THE PUBLIC'S REACTION

In the following section, we present an analysis of respondents' reactions that cannot be described as "obstacles" in the sense that we have been using the term. Nevertheless, the reactions detailed in this section are of direct and considerable importance to the U.S. Committee's planning efforts. Some of these observations are the result of suggestions made by Mr. Gibbs about questions to ask, after an analysis of the preliminary findings had been made. Others were neither solicited nor targeted for examination, either as the research was planned initially or as lines of inquiry were adjusted during the process; rather, they are conclusions that "fell out" from other lines of questioning. In both cases, these observations lead us to make specific recommendations about campaign messages and strategies that we hope will prove helpful to the U.S. Committee in its planning efforts.

1. Respondents' initial reactions about the effort were quite favorable. Their considered reactions were even more favorable.

The single most important result of the research is that, almost without exception, those interviewed in the six sessions felt that reducing Third World infant mortality is a worthwhile goal and something they would support. Though numerous obstacles were identified that impeded many from giving the issue their most serious consideration, or reduced respondents' enthusiasm for the effort, initial reactions about the effort were quite positive. As people learned more, and as their questions and reservations were addressed and discussed, their views became even more positive as the sessions progressed.

Recommendation for the campaign: This result does not lead to a direct recommendation for the campaign, but it does have major implications. It suggests that the American people will be receptive to the Committee's effort, that Americans will respond and may do so strongly.

Of course it is much more difficult to communicate a set of messages to large numbers of people than it is to test them with small groups. But administrative difficulties aside for the moment, we strongly feel that the results of this research should be heartening and of great encouragement to all those involved with the Child Survival Campaign.

2. Making the infant mortality rate understandable

Draft campaign material describes the Third World infant mortality rate in both annual and daily terms: 15 million children per year, and 40 thousand per day. In two sessions, respondents were asked which of those figures seemed more vivid and easier to understand. With virtual unanimity, they said the 40 thousand per day figure was much more impressive. "When numbers get into the millions," A Denver man said, "they blur in my mind. I know there's a difference between big numbers, but I don't *think* of much difference between 15 million and say, 100 million. They're so big I don't really comprehend them. But 40 thousand is a number I can relate to, something I can visualize. And it seems like a larger number too, it seems like more people."

Another reason for using the per day figure is that it suggests a problem that is an emergency, as opposed to a massive problem that can never be solved. The daily figure suggests that lives are being lost right now, today, and that if we work at it, we can save some who would otherwise die next week or next month. An annual figure suggests a numerical calculation -- and problem that is harder to visualize in terms of individual human beings.

Recommendation for the campaign:

We recommend that the campaign use only the per day figure in its materials, brochures, and press information packets. We also recommend again that the per child cost of immunization be calculated and publicized. This will help Americans visualize the problem in terms of individuals in need of help, rather than countless thousands of faceless victims in remote, poverty-stricken corners of the globe.

3. The campaign's appeal to citizens, regardless of their ideology or views about other issues.

In the session in Houston, 10 of 12 respondents said that in their spare time, they were actively involved with church-related activities. While the moderator did not probe in this area, it seemed clear that most, if not all of these people were fundamentalist Christians -- a group that generally is not supportive of internationalist goals in U.S. policy. But this goal -- reducing Third World infant mortality -- was supported with as much enthusiasm in Houston as in virtually any other group. Indeed, it was our sense that at least one or two respondents might take the issue to their church leadership to see if their church and congregation would endorse and work on the campaign effort.

Recommendation for the campaign:

We recommend that the campaign make every effort to reach citizens who might not usually be thought of as potential supporters of UNICEF goals. Specifically, we recommend that the effort target religious leaders and organizations, particularly in the South. Reducing infant mortality is an issue on which those who disagree about numerous issues (including, for example, abortion) can reach total accord. In our view, the campaign would overlook a very large group of potentially strong supporters if it did not reach the leadership and members of conservative religious organizations, especially in the South.

4. Citizens' feelings about private versus government assistance.

Especially in Denver (though in other groups as well), respondents gave the child survival effort different priorities when rating rate it in terms of government support and private charity. In Denver (and perhaps especially in other parts of the Western U.S. where a type of individualism has a particular cultural value), respondents gave the effort a very high priority in terms of private assistance. As mentioned, several said that people in Denver contribute more per capita to charity than in any other city. Yet when asked to rate the effort in terms of its priority for federal government assistance, Denver respondents gave the effort much lower marks. One man described what he saw as the difference between voluntary and "coercive" efforts and said that while he would strongly support the effort himself, he did not want to be "coerced" to do so through government use of his tax dollars.

Recommendation for the campaign:

We recommend that the Child Survival Campaign emphasize that this is a people-to-people effort, and that the campaign is looking for volunteers to help with its work. Materials should not, of course, be misleading, and if efforts are underway to increase federal support, we would never suggest that such information be misrepresented. However, to the extent that citizens see the effort to reduce infant mortality as something that is their own, a problem about which they as individuals can make, an effort that depends upon their generosity and help they will support it more enthusiastically. And the greatest difference in the level and intensity of citizen support will probably be in the Western U.S.

5. Views about certain private organizations that work in developing countries

Respondents in some sessions were asked what they thought about several organizations, including the International Red Cross, CARE, and Save the Children. Each was positively regarded; most respondents said that each does good work, is staffed by dedicated people and is generally efficient and capable. Importantly, when respondents learned that these groups were assisting in the effort to reduce infant mortality, their views about the effort became more positive. As with the knowledge that other countries were involved, respondents saw this as further evidence of a broad-based commitment that would significantly improve the effort's chances for success.

Recommendation for the campaign:

We recommend that UNICEF stress the cooperative nature of the effort among private agencies as well as foreign governments. Providing detailed information about how these agencies worked together in a particular country, for example, was particularly impressive to those in one session. We also recommend that UNICEF stress that individuals interested in assisting in this effort can do so by working through a number of other organizations as well as through UNICEF.

6. Views about UNICEF

Respondents in several sessions were asked what they thought of UNICEF. In general, the organization was well regarded by those interviewed. A few did confuse UNICEF with UNESCO, and one woman mentioned that she didn't like any organization connected with the U.N. A number of respondents were not familiar with the organization, or had only vague ideas about it. But for the most part, respondents associated UNICEF with helping children, Halloween, Christmas Cards, and Danny Kaye. Most who expressed an opinion said the organization was not political and was interested in helping children everywhere in the world. And most felt that the organization was doing a "good job" in that regard.

Recommendation for the campaign:

The groups suggest that, with a few exceptions, reactions to the Child Survival Campaign will not be influenced by negative views about UNICEF. In fact, the evidence suggests the reverse will be far more common. Additionally, at the end of the sessions when respondents learned that UNICEF was involved in the campaign, several said their views of the organization had become much more positive. We therefore see no reason for the U.S. Committee to downplay UNICEF's role in this effort.

V. METHODOLOGY

Six discussion groups, each with about a dozen people and lasting about two hours, were held across the country in three pairs of two. The first pair was exploratory: to gauge people's knowledge about the issue and their sense of its dimensions and importance. A key question explored in the first two sessions in particular is the apparent inconsistency between the public's desire to cut foreign aid (as documented in numerous public opinion surveys) and the public's support for relief to aid victims of the famine in Ethiopia. Later sessions gauged public awareness and assessments of the various agencies cooperating in the Child Survival Campaign, including CARE, Save the Children and the International Red Cross.

Sampling criteria for the sessions involved a crosssection of citizens stratified according to age, sex, race and education, and designed to represent the population of each community as a whole. Respondents had not participated in focus group for at least one year. The dates and cities for the sessions are listed below.

City	Date
Philadelphia:	January 21, 1986
Atlanta:	January 22, 1986
Houston:	February 5, 1986
Los Angeles:	February 6, 1986
Denver:	February 11, 1986
Minneapolis:	February 12, 1986

The sessions were tape recorded and each was moderated by John Doble of the Public Agenda. Phil Gibbs observed the sessions in Houston and Los Angeles.

ABOUT THE PUBLIC AGENDA FOUNDATION

The Public Agenda is a nonprofit, nonpartisan research and education organization that specializes in public understanding of complex policy issues. Founded over a decade ago by public opinion analyst Daniel Yankelovich and former Secretary of State Cyrus Vance, Public Agenda's indepth research probes beneath public opinion -- people's top-of-the-head reactions to issues -- to uncover public judgment -- people's views on issues when they have confronted them realistically and weighed the choices and tradeoffs they present. Public Agenda citizen education materials provide average Americans with imaginative and compelling means to understand complex issues for themselves. The organization has conducted research and prepared educational materials on a variety of public policy issues including nuclear arms and U.S./Soviet relations, rising health care costs, Social Security and retirement, social welfare reform, prison overcrowding, and the federal budget deficit.

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Childcare and Working Parents: Executive Summary (1983). John Immerwahr, Judith Golub, and Harvey Lauer. An examination of changing economic realities for married couples and single parents, including analysis of national survey data and indepth interviews with both childcare experts and working parents. Part of the multi-year project on jobs and work, "Jobs in the 1980's and 1990's". 22pp. Price: $5.00.

Community Leaders' Attitudes About Child Survival (1987). John Doble and Judith Kallick. Prepared for the U.S. Committee for UNICEF and the Carnegie Corporation. The report contains findings of a survey conducted with over 1,000 community leaders in five cities to assess their views about third world infant mortality. 57pp. Price: $10.00.

Children at Risk, Families at Risk: The Public's Perspective on Child Abuse and Neglect (Forthcoming, 1987). John Immerwahr and John Doble. Report on public misperceptions about foster care based on series on ten focus groups conducted across the country. Prepared for the Edna McConnell Clark Foundation.

Infant Mortality in the Third World: The Public's Reactions to Child Survival (1986). John Doble. A report for the U.S. Committee for UNICEF analyzing obstacles blocking citizens' consideration of ways to reduce infant mortality in developing countries, with recommendations for the Child Survival Campaign of UNICEF. 46pp. Price: $8.00.

CRIME AND CORRECTIONS:

Crime and Corrections: A Review of Public Opinion Data Since 1975 (1986). Mary Komarnicki and John Doble. Findings, detailed observations and tables of surveys from many sources organized into six sections detailing people's attitudes towards the criminal justice system, police, courts and prison system, and the causes and problems of crime. Prepared for the Edna McConnell Clark Foundation. 131pp. Price: $18.00.

Crime and Punishment: The Public's View (1986). John Doble. Prepared for the Edna McConnell Clark Foundation. A qualitative analysis of ten focus group discussions exploring people's opinions on crime and corrections, the rationale for their views, and their views on alternatives to incarceration as a means to reduce prison overcrowding. 85pp. Available from the Edna McConnell Clark Foundation, 250 Park Avenue, New York, NY, 10017 (212) 986-7050.

EDUCATION AND THE PUBLIC SCHOOLS:

SchoolVote: A Public Choice Campaign (1985). An information kit describing a citizen information campaign of issues facing the public schools conducted by Public Agenda with local media sponsors in 1985 in the greater Philadelphia area and in 1987 in Milwaukee. Contains press releases, storyboards, and sample materials from the campaign. Provides information on media participation, community and leadership involvement, and results of culminating SchoolVote "balloting." Price: $2.00.

SchoolVote Ballot Results (1985). Results of balloting from pilot SchoolVote campaign conducted in Philadelphia and the Delaware Valley in 1985 where 100,000 citizens "cast a vote" on choices regarding critical education issues including class size, teacher evaluation, and enriched programs for preschoolers. Price: $8.00.

ENGINEERING, SCIENCE, AND TECHNOLOGY:

Engineering and Technology: The Public's Perspective (1986). John Doble and Mary Komarnicki. A qualitative analysis of focus group discussions on the public's attitudes about engineers and engineering. Prepared for the National Academy of Engineering. 46pp. Price: $8.00.

Public Attitudes Toward Engineering and Technology (1986). Mary Komarnicki and John Doble. An analysis of existing opinion survey data on engineering and technology with detailed observations, tables, and survey questions and responses. Prepared for the National Academy of Engineering. 106pp. Price: $20.00.

Science Policy Priorities and the Public (1983). John Doble. A pilot study assessing the public's willingness and ability to participate in setting priorities for scientific research. Prepared in association with Harvard University for the National Science Foundation. 88pp. Price: $12.00.

HEALTH CARE COSTS:

Curbing Health Care Costs: The Public's Prescription (1983). John Doble, Jean Johnson, and Jeff Tuchman. Report on pilot citizen education campaign on rising health care costs -- HealthVote 82 -- conducted in Des Moines, Iowa. Contains data about public understanding of health costs before and after the information campaign and describes the communications activities that led to increased public knowledge of the issue. 80pp. Price: $6.50.

HealthVote: A Public Information Campaign. An information kit describing a citizen information campaign on rising health care costs conducted by Public Agenda with local media sponsors in cities across the country. Contains press releases, storyboards, and sample materials from the campaign. Provides information on media participation, community and leadership involvement, and results of culminating "balloting." in the cities. Price: $2.00.

HealthVote Ballot Results (1985). Detailed results of ballots from five HealthVote campaigns conducted in Dayton, Kansas City, Minneapolis, Peoria, and Raleigh in 1985 where citizens were asked to "cast a vote" on critical health care issues including care of low income citizens and the elderly, malpractice, and use of HMOs and similar alternatives. 20pp. Price: $5.00.

JOBS AND PRODUCTIVITY:

Jobs in the 1980's and 1990's: A Sourcebook for Policy Makers (1983). Harvey Lauer. Report of comparative studies conducted in the United States, Great Britain, West Germany, Japan, and Sweden on workers' attitudes about productivity, unemployment, worker incentives, and job satisfaction. Prepared as part of the "Jobs in the 1980's and 1990's" project. 359pp. Price: $15.00.

Managing for Motivation in a High Discretion Workplace (1983). Daniel Yankelovich. An examination of factors contributing to enhanced productivity, including a list of "dos and don'ts" for stimulating the work ethic. Prepared as part of "Jobs in the 1980's and 1990's" project. 43pp. Price: $5.00

New Technnology in the Workplace: A Quotebook of Opportunities and Options (1985). Mary Komarnicki. Highlights of findings of the "Technology and Human Resource" project, a study designed to explore ways to introduce new technology in the workplace to enhance worker acceptance and productivity. (102pp). Price: $10.00. Summary report available: $5.00.

People and the New Technologies: An Issue for Managers (1983). Franklin Lindsay, Jerome Rubin, and Richard Cohen. Paper presented at the 1983 Wharton/Reliance Symposium on "Removing Obstacles to Economic Growth" discussing interviews with managers and experts conducted for the "Technology and Human Resources" project. 46pp. Price $7.50.

Putting the Work Ethic to Work (1983). Daniel Yankelovich and John Immerwahr. A ground-breaking report on the state of the American work ethic and its relationship to America's economic vitality. Report is based on indepth interviews with 845 working Americans and includes findings from comparative studies conducted in Great Britain, West Germany, Japan, Israel, and Sweden. Published as the culminating report of the "Jobs in the 1980's and 1990's" project. Includes executive summary. 45pp. Price: 20.00. Bulk rates available.

Work in the 1980's and 1990's: A Series of Nine Articles Appearing in Working Woman Magazine (1983). Julia Kagan. Series of articles highlighting findings from the "Jobs in the 1980's and 1990's" project, with special emphasis of views of women in the work place. Focuses on working mothers and child care, job satisfaction and productivity, technology in the workplace, and retirement. 19pp. Price: $5.00.

NUCLEAR ARMS AND U.S./SOVIET RELATIONS:

Nuclear Proliferation: The Public's View (1985). John Doble. Report on Americans' attitudes concerning the spread of nuclear weapons. Prepared for the Roosevelt Center for American Policy Studies in Washington, DC. 52pp. Price: $8.50.

The Public, the Soviets, and Nuclear Weapons: An Information Kit (1987). Describes the multi-year joint effort of Public Agenda and the Center for Foreign Policy Development at Brown Univerisity to explore and enhance the public's role in development of the country's long term policies for nuclear arms and U.S./Soviet relations. Includes information about Public Summit '88, a citizen information campaign to be conducted in cooperaton local television and newspapers in four cities in January, 1988. Campaign asks citizens to think about both short-term and long-term options for relations with the Soviets. Single copies available free of charge.

The Public, the Soviets, and Nuclear Weapons: A Perspective from Community Leaders (1987). Report on series of workshops held with community leaders in ten cities examining issues such as deterrence, the Strategic Defense Initiative, and the spread of Marxism in the Third World. Conducted for "The Public, The Soviets, and Nuclear Arms," a joint project of the Public Agenda and the Center for Foreign Policy Development at Brown University. 62pp. Price: $10.00.

Voter Options on Nuclear Arms Policy: A Briefing Book for the 1984 Elections (1984). The Public Agenda Foundation and the Center for Foreign Policy Development at Brown University. Report based on a 1984 indepth study of Americans' views about nuclear arms, the Soviets, arms control, and communism in the Third World, and an analysis of opinion data on these issues since 1945. Outlines areas of consensus and confusion among Americans and contrast public opinion, elite views and existing policy options. 90pp. Price: $6.00. Technical Appendix: $10.00.

SOCIAL WELFARE POLICY:

Options for Social Welfare Policy: The Public's Views (1986). John Doble and Keith Melville. Examination of public knowledge and misperceptions about welfare policy based on series of six focus groups. Prepared for the Ford Foundation. 52pp. Price: $6.50.

The Public's Perspective on Social Welfare Policy: A Briefing Book for the 1988 Elections (Forthcoming, 1987). Keith Melville and John Doble. Report on major indepth study of public attitudes about social welfare and proposals to reform the welfare system, including reforming AFDC, expanding early childhood intervention, assisting the working poor, and extending government-provided health insurance. Prepared for the Ford Foundation. 100pp. Price: $10.50. Technical Appendix: 124pp. Price: $15.00.

REGIONAL STUDIES ON ECONOMIC GROWTH AND THE ENVIRONMENT

The Kanawha Valley: A Report on Public Attitudes Toward Economic Benefits and Environmental Risks (1986). Richard Harwood. A report on the views of residents of Kanawha Valley (Charleston, West Virginia) on chemical production, environmental trade-offs, chemical companies in the Valley and their economic benefits. Prepared for the National Institute for Chemical Studies. 64pp. Price: $10.00

International Competitiveness in the West: The Public's View (1986). Public Agenda Foundation. Report on focus groups conducted in the western states focusing on the region's economic vitality, international competitiveness and protectionism. Prepared for the Western Governors' Association. 34pp. Price: $7.00.

Survey of Attitudes of the Puget Sound Work Force on Economic Growth and the Work Place (1982). Introduction by William D. Ruckelhaus and Brewster C. Denny. Survey of 500 employed reisdents of three Puget Sound counties on work preference, living environment, economic growth, and worker commitment and productivity. Report provides insights into worker morale at small and large corporations and what workers view as important returns on a job. Survey covers "discretionary" worker effort and willingness to accept environmental trade-offs for economic growth. 110pp. Price: $15.00.

Water Efficiency in the West: The Public's View (1986). Public Agenda Foundation. Summary of series of focus groups in the Western states exploring public understanding and perspective on water shortages and allocation. Prepared for the Western Governors' Association. 43pp. Price: $7.50.

OTHER PUBLIC AGENDA PUBLICATIONS:

Campaign Finance: Defining the Problem, Proposing a Remedy (1985). Keith Melville and Mary Komarnicki. A report on a 1985 Aspen Institute Conference on Campaign Finance which discusses the problem of financing campaigns, the advantages of a wealthy candidate, the increasing influence of PACs, and the diminishing contributions made by voters themselves. Conference examined unintended effects of reforms of the 1970s and prospects now for public support for reform. 15pp. Price: $4.50.

The Federal Budget Crisis: The Public's Response (1983). John Doble and James Shapiro. A discussion of public misperceptions that may be obstacles to addressing the federal budget deficit. The report is based on indepth interviews with citizens in five cities across the country. Prepared for the Committee for a Responsible Federal Budget. 28pp. Price: $5.00.

Sex on Campus: Sexually Transmitted Disease: Surviving the Epidemic of the 1980s (1987). Keith Melville. A 16-page guide for college students laying out the dangers of sexually transmitted diseases, including A.I.D.S., and presenting questions and answers about prevention and self-protection. Prepared for the College Satellite Network with guidance from the Centers for Disease Control, the American College Health Association, and the American Council on Education. Price: $2.00.

The Speaker and the Listener: A Public Perspective on Freedom of Expression (1980). John Immerwahr, Jean Johnson, and John Doble. Introduction by Daniel Yankelovich. Report on a national opinion survey of Americans' attitudes about freedom of expression, the First Amendment, and the communications media. Outlines differences in perspective between professionals in journalism and the public. 65pp. Price: $25.00. Technical appendix: 212pp. Price: $17.00..

VIDEOTAPES AVAILABLE FROM THE PUBLIC AGENDA FOUNDATION:

What Should We Do in School Today? (1985). A 22-minute documentary presentation asking citizens to think through choices facing the public schools. Examines dilemma about curriculum, teacher pay and evaluation, class size, and enrichment programs of disadvatated children. Produced for the Public Agenda's SchoolVote campaigns by David and Albert Maysles. Beta, VHS, or 3/4" format. Purchase: For more information, please contact Jeff Tuchman at Public Agenda.

What Price Health Care? (1985). A 22-minute documentary presentation asking citizens to confront choices presented by the rising cost of health care. Focuses on incentives for hospitals, doctors, and patients to curb the cost of health care. Honored by the American Film Festival. Produced for the Public Agenda's HealthVote camapigns by Philip Garvin of NORAC, Inc. in 1982. Revised in 1985. Beta, VHS, or 3/4" formats. Purchase: For more information, please contact Jeff Tuchman at Public Agenda.

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THE PUBLIC AGENDA FOUNDATION

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COMMUNITY LEADERS' ATTITUDES ABOUT CHILD SURVIVAL

John Doble, Judith Kallick

February, 1987

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COMMUNITY LEADERS' ATTITUDES ABOUT CHILD SURVIVAL

The results of a survey of leadership opinion.

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BACKGROUND AND INTRODUCTION

INTRODUCTION

This report of leadership thinking about Third World infant mortality represents the third phase of the Public Agenda Foundation's evaluation of the Child Survival Campaign on behalf of the Carnegie Corporation. By way of background, the Campaign is a cooperative national effort by several nonprofit agencies led by the U.S. Committee for UNICEF to alert and inform Americans about the silent emergency of Third World infant mortality and about methods that could readily reduce the number of children who die each day. The effort is led by National Honorary Co-Chairs former Presidents Jimmy Carter and Gerald Ford, and National Campaign Co-Chairs Father Theodore Hesburgh and Liv Ullmann.

The Public Agenda has, on behalf of the Carnegie Corporation, agreed to conduct a multi-faceted evaluation of this effort, including a pre- and postcampaign assessment of leadership thinking about the issue. This report details the results of a precampaign survey about Third World infant mortality conducted by the Public Agenda with 335 community leaders from five "model cities" (Atlanta, Philadelphia, Los Angeles, Minneapolis and Houston) where the Child Survival Campaign is focusing its efforts. This is the first of two leadership surveys to be conducted by the Public Agenda; it will be followed, at the end of 1987, with a postcampaign assessment among a similar group to measure attitude change and the effectiveness of the effort.

More specifically, this precampaign survey was designed to assess community leaders' views about Third World infant mortality, its causes and dimensions, and reactions to the GOBI strategy to reduce infant mortality as promoted by the Child Survival Campaign. The questionnaire asked leaders about the importance of reducing Third World infant mortality, measured their knowledge about the dimensions and causes of the problem, and, after providing information about the Child Survival Campaign and the GOBI strategy for reducing infant mortality, gauged reactions to various arguments related to the effort.

When the Child Survival Campaign is completed at the end of 1987, the Public Agenda will conduct a postcampaign assessment to again measure community leaders' attitudes; the postcampaign survey will assess the Campaign's success in alerting leaders to the problem of Third World infant mortality and informing them about the GOBI strategy for reducing it. The postcampaign assessment will use identical questions and a matched sample, including all of the leaders who responded to this survey.

The community leaders were chosen from five sectors: state, local and federal government; higher education, including universities, colleges and private and public high schools; the business community; the news media; and private associations and community organizations such as the Lions Club, the League of Women Voters, labor organizations such as the AFL-CIO, and health-related organizations including the March of Dimes and Blue Cross and Blue Shield.

A complete description of the leadership sample and the sampling parameters and technique can be found in the Part IV: Methodology. A copy of the questionnaire is attached in an Appendix to the report.

EXECUTIVE SUMMARY OF FINDINGS

EXECUTIVE SUMMARY

I: Leaders are unaware of the problem of Third World infant mortality, its dimensions and causes, and know virtually nothing about efforts to reduce it.

1. Leaders do not know about the Child Survival Campaign: Only 7% of the leaders surveyed had heard of the Child Survival Campaign.

2. Leaders do not know about "GOBI": An even smaller number, 4%, knew what "GOBI" is or about the strategy for reducing infant mortality rates.

3. Leaders underestimate the dimensions of the problem: 51% of the leaders said that the number of readily preventable infant deaths was much lower than the actual rate of 40,000 per day.

4. Leaders are seriously misinformed; large numbers think smallpox is a major cause of Third World infant mortality: 61% did not know that smallpox has been eradicated; 39% said it is a "major cause" of infant mortality in developing countries today and 36% were not sure.

5. Leaders do not know about other major causes of infant mortality: Large numbers also did not know that polio (70%), tuberculosis (57%), measles (52%) and diphtheria (45%) are major causes of Third World infant mortality.

II: Leaders strongly support the idea of reducing Third World infant mortality. While not much concerned about the effect of lower infant mortality on overpopulation or about helping children in "unfriendly" countries, leaders' support for the effort is strongest when private (as opposed to federal) money is used and when they think it will focus on infant mortality in the U.S. as well as in developing countries.

(NOTE: The questionnaire was designed to measure leaders initial attitudes; then information about GOBI and the Child Survival Campaign was provided and additional questions were asked. The findings below reflect both leaders' initial attitudes and their views after they learned more about the effort.)

6. Leaders strongly favor efforts to reduce infant mortality: Even though they are both unaware and misinformed about the problem, 92% of the leaders favored efforts to reduce infant mortality, and 72% strongly favored these efforts.

7. When given more information, leaders are optimistic about significantly reducing infant mortality by 1990: When leaders learned about the worldwide effort to reduce infant mortality and about the GOBI strategy, 64% were optimistic that these efforts would be successful and that infant mortality could be significantly reduced by 1990.

8. Leaders feel that the campaign should help children in all countries, including those that are "unfriendly" to the U.S.: 91% said that helping children in countries that are unfriendly to the U.S. was not an important consideration.

9. The threat of overpopulation does not reduce support for the effort: 88% rejected the argument that reducing infant mortality should not be a priority because it might increase world overpopulation.

10. In fact, leaders agree that infant mortality must be reduced before population growth can be slowed: 67% of the leaders surveyed agreed with the argument that infant mortality must be reduced before population growth can be slowed. Only 16% rejected this argument, and the rest were not sure.

11. However, support for the effort does fall somewhat when leaders consider its importance against pressing domestic needs: When asked whether the government could afford to support the Child Survival Campaign given U.S. domestic needs, 68% said the government could afford to do both. However, this percentage is noticeably smaller than the number saying they would support the effort when this issue was not raised.

12. In addition, leaders are nearly split on whether to support the campaign if it does not focus on infant mortality in the U.S.: While 46% said they would support the Child Survival Campaign even if it were exclusively an international effort, 37% said they would support the effort only if it focuses on infant mortality in the U.S. as well as in developing countries.

13. Leaders rank efforts to reduce infant mortality as a "top" priority for the use of private aid: Given a list of six competing humane activities for the use of private aid to developing countries (including reducing hunger, providing seed and equipment to farmers, building

hospitals, etc.), leaders ranked reducing infant mortality and reducing hunger as the most important, with 72% saying both should be a top priority.

14. However, leaders are less inclined to say that reducing infant mortality should be a top priority for the use of federal aid: Given a similar list of possible uses of federal aid, 59% said that reducing infant mortality should be a top priority -- a percentage that, while still high, is significantly lower than the number saying the effort should be a top priority for the use of private aid.

15. There is less support for the campaign in Houston than in the other four cities: 54% of the leaders in Houston said they "strongly" support efforts to reduce Third World infant mortality, compared to an average of 77% among leaders in the other four cities. Further, when ranking priorities, only 37% of the Houston leaders said that reducing infant mortality should be a top priority for the use of federal aid. Finally, leaders in Houston expressed considerably more concern about overpopulation than did leaders in other cities.

III: Leaders will endorse this effort in their role as leaders in their community.

16. Leaders will endorse the campaign and support the campaign in terms of their role in the community: 63% of the leaders surveyed in the five cities said they would "almost certainly" support this effort publicly in their role as community leaders.

DETAILED SUMMARY OF FINDINGS

****

FINDING #1

Very few community leaders are aware of the Child Survival Campaign. Only 7% are familiar with the effort.

****

TABLE 1

AWARENESS OF THE CHILD SURVIVAL CAMPAIGN

Heard Of The Child Survival Campaign	Total %
Yes	7*
No	82
Not sure/no answer	11

* Represents those saying they had heard of the Campaign and described it correctly.

Q: "Have you ever heard of the Child Survival Campaign?"
(If 'YES') "Briefly describe what it is."

Detailed Observation

Leadership awareness of the Campaign is greatest in Atlanta.

TABLE 1-2

AWARENESS OF THE CHILD SURVIVAL CAMPAIGN

Heard Of The Child Survival Campaign	Total %	Atl %	Hst %	LA %	Minn %	Phila %
Yes*	10	20	8	7	8	4
No	79	69	78	79	83	89
Not sure/no answer	11	13	14	14	8	7

* Represents those saying they had heard of the Campaign and described it correctly.

Q: "Have you ever heard of the Child Survival Campaign?"
(If 'YES') "Briefly describe what it is."

Detailed Observation

Of those leaders who are aware of the Child Survival Campaign, only about one in three heard of the effort because of campaign events or publicity.

TABLE 1-3

HOW LEADERS LEARNED OF THE EFFORT

Heard Of CSC	Among Those Familiar With The Campaign % (n = 34)
Through campaign events, publicity	35
Because of professional responsibility (congressional hearings, seminars, etc.)	29
Through direct contact with campaign or staff	21
Personal involvement	15

Q: "How did you hear of the Child Survival Campaign?"

****

FINDING #2

Even fewer leaders have heard of GOBI. Only 4% knows what the acronym means.

****

TABLE 2

AWARENESS OF THE TERM GOBI

Heard Of GOBI	Total %
Yes*	4
No	88
Not sure/no answer	8

* Represents those saying they had heard of GOBI and described it correctly.

Q: "Have you ever heard of the term GOBI?"
(If 'YES'): "Briefly describe what the letters stand for."

Detailed Observation

As is true about the Campaign in general, awareness of GOBI was highest among leaders in Atlanta.

TABLE 2-1

AWARENESS OF THE TERM "GOBI"

Heard Of "GOBI"	Total %	Atl %	Hst %	LA %	Minn %	Phila %
Yes*	4	13	3	4	3	1
No	88	79	89	86	87	94
Not sure/no answer	8	7	8	10	9	5

* Represents those saying they had heard of GOBI and described it correctly.

Q: "Have you ever heard of the term GOBI?"
(If 'YES'): "Briefly describe what the letters stand for."

****

FINDING #3

Community leaders were largely unaware of the dimensions of Third World infant mortality. A majority underestimates the number of deaths per day and 11% have no idea what the rate is.

****

TABLE 3

ESTIMATES OF THE RATE OF READILY PREVENTABLE INFANT MORTALITY IN DEVELOPING COUNTRIES

Number Of Deaths Per Day	Total %	
Less than 5,000	26	
5,000 to 10,000	15	>51
10,000 to 20,000	10	
30,000 to 50,000 (CORRECT ANSWER IS 40,000)	**13**	
50,000 to 100,000	8	>19
100,000 or more	11	
Other	7	
Don't know/no answer	11	

Q: "The World Health Organization recently estimated the number of infants in developing countries who die every day from easily preventable causes. What do you think that number is?"

****

FINDING #4

Many community leaders are also uninformed about the major causes of infant mortality. For example, only one in four knows that smallpox has been eradicated and 36% are not sure.

****

TABLE 4

PERCEPTIONS ABOUT SMALLPOX AS A CAUSE OF INFANT MORTALITY

A Major Cause of Infant Mortality	"No" or "Not Sure/N.A."* %
Smallpox	61

* The table below shows the complete breakdown.

A Major Cause of Infant Mortality	Yes %	No %	Not Sure/N.A. %
Smallpox	39	25	36

Q: "Smallpox is a major cause of Third World infant mortality that could be easily prevented -- Agree or disagree?"

****

FINDING #5

Upwards of 45% do not know if polio, diphtheria, tuberculosis, and measles are major causes of infant mortality that can be easily prevented.(The percentage saying these diseases are not major causes was combined with those saying they "aren't sure" to arrive at this number.)

****

TABLE 5

PERCEIVED EASILY PREVENTABLE CAUSES OF INFANT MORTALITY

Major Causes	"No" or "Not Sure/N.A."* %
Polio	70
Tuberculosis	57
Measles	52
Diphtheria	45

* The table below shows the complete breakdown.

Major Causes	Yes %	No %	Not Sure/N.A. %
Diphtheria	56	8	37
Measles	47	11	41
Tuberculosis	43	14	43
Polio	30	23	47

Q: "Diphtheria/measles/tuberculosis/polio...
...is a major cause of Third World infant mortality that could be easily prevented -- Agree or disagree?"

****

FINDING #6

In addition, only 45% are aware that the greatest readily preventable cause of Third World infant mortality is poor healthcare.

****

TABLE 6

PERCEIVED GREATEST PREVENTABLE CAUSE OF INFANT MORTALITY

Perceived Cause	Total %
Poor healthcare (e.g., Lack of medicine, immunization, poor hygiene, etc.)	45
Hunger, starvation, poverty, etc.	44
Other	8
Don't know/no answer	4

Q: "What do you think is the greatest preventable cause of infant mortality?"

****

FINDING #7

In spite of their ignorance about the dimensions and causes of infant mortality, 92% support efforts to reduce infant mortality rates, and 72% strongly favor such efforts.

****

TABLE 7

VIEWS ABOUT EFFORTS TO REDUCE THIRD WORLD INFANT MORTALITY

Views About Efforts	Total %	
Strongly favor	72	>92
Somewhat favor	20	
Somewhat oppose	1	
Strongly oppose	1	
Not sure/no answer	6	

Q: "How strongly do you favor efforts to reduce Third World infant mortality?"

****

FINDING #8

After learning about GOBI, nearly two-thirds say it is realistic to think that infant mortality could be significantly reduced by the year 1990.

****

TABLE 8

IN LIGHT OF GOBI, VIEWS ABOUT WHETHER THIRD WORLD INFANT MORTALITY CAN BE SIGNIFICANTLY REDUCED BY 1990

Significant Reduction By 1990	Total %
Yes, is realistic	64
No, is not realistic	20
Not sure/no answer	16

Q: "In your opinion, is it realistic to think that Third World infant mortality could be significantly reduced by the year 1990?"

****

FINDING #9

Of those saying infant mortality can be significantly reduced by 1990, most point out that the cures, medicine and resources are available or express confidence in the GOBI strategy.

****

TABLE 9

REASONS WHY THIRD WORLD INFANT MORTALITY CAN BE REDUCED BY THE YEAR 1990

Reasons	Among Those Who Say It Is Possible % (n = 215)
Cures/medicine/resources are available	29
Possible with proper approach (i.e., GOBI), funds, and adequate commitment by countries, charitable organizations involved in effort	26
GOBI is easy, possible, well planned, has been effective in the past	19
Information exists on how to solve the problem	5
Increased publicity and public concern will focus attention on problem	3
Solutions are inexpensive	3
Other*	4
No answer	11

* Including: "If an international effort," "If we increase economic growth," "If we start now," etc.

Q: "Why do you feel that it is realistic to think that Third World infant mortality could be significantly reduced by the year 1990?"

****

FINDING #10

Even among those who say Third World infant mortality can not be significantly reduced by 1990, about one in four says the goal can be achieved within a longer period of time.

****

TABLE 10

PERCEIVED REASONS WHY THIRD WORLD INFANT MORTALITY CANNOT BE REDUCED BY 1990

Reasons Why Significant Reductions Cannot Be Achieved By 1990	Subset Of Those Who Feel It Is Not Possible % (n = 121)
Possible, but not by 1990	26
Political/cultural barriers are too great	21
Lack of money, financial support	12
Question CSC ability/purpose	7
People are apathetic	7
Lack of information, concern	6
World is already overpopulated	5
Other*	3
No answer	13

* Including: "Past efforts failed," "Geographic isolation," "GOBI is wrong approach," "Low priority for businesses and governments," etc.

Q: "Why do you feel that it is unrealistic to think that Third World infant mortality could be significantly reduced by the year 1990?"

****

FINDING #11

To determine what they saw as key factors in deciding whether to support the effort, leaders were asked to react to various arguments. For example, leaders were asked about helping children in countries that are unfriendly to the United States; 91% said this will not be a factor in deciding whether they'll support the Child Survival Campaign.

****

TABLE 11

SAVING CHILDREN IN UNFRIENDLY COUNTRIES AS A FACTOR IN DETERMINING SUPPORT FOR THE CAMPAIGN

Views About Helping Children In Unfriendly Countries	Total %
The Campaign should not be weighed in terms of international politics	91
Oppose the Campaign because it will help children in unfriendly countries	3
Other	3
Not sure/no answer	3

Q: "Which comes closer to your own view?

A. I oppose the Child Survival Campaign because it will help children in countries that aren't friendly to the U.S.
or
B. Children's lives should not be weighed in terms of international politics, and so this issue will not determine whether or not I support the campaign."

****

FINDING #12

Nearly nine leaders in ten say the threat of world overpopulation is not a factor in determining their support for the Campaign.

****

TABLE 12

WORLD POPULATION AS A FACTOR IN DETERMINING SUPPORT FOR THE CAMPAIGN

Views About The Importance of World Population	Total %
The issue of world population is not a factor	88
Oppose effort because it will increase world population	4
Other*	6
Not sure/no answer	5

* Includes some who objected to the question, saying the relationship is complicated because of links to birth control, family planning, etc.

Q: "Which statement about the Child Survival Campaign is closer to your view?

A. I oppose the effort because it will increase world population.
or
B. The issue of world population will not determine whether I support this effort or not; other considerations are more important."

****

FINDING #13

In addition, more than two leaders in three feel that infant mortality must be reduced before population growth can be slowed.

****

TABLE 13

VIEWS ABOUT THE NEED FOR REDUCING INFANT MORTALITY BEFORE POPULATION GROWTH CAN BE SLOWED

Infant Mortality Must Be Reduced Before Population Growth Is Slowed	Total %
Agree	67
Disagree	16
Not sure/no answer	16

Q: "Advocates of the Child Survival Campaign argue that in the long run, the effort will not increase world population. They say that in countries such as China, Sri Lanka, Korea, Costa Rica and Singapore where the birth rate has leveled off, the infant mortality rate has declined first because parents feel less need to have extra children when they're confident their children will survive. These advocates argue that we must reduce infant mortality before we can slow population growth. Does this sound like a valid argument or not?"

****

FINDING #14

However, leaders' support does fall somewhat when they consider the effort against domestic needs. Even though 68% say that in spite of our domestic needs, the government can afford to support this effort, this percentage is lower than the number answering in terms of other considerations.

****

TABLE 14

DOMESTIC NEEDS AS A FACTOR IN DETERMINING SUPPORT FOR THE CAMPAIGN

Comparative Importance of Domestic Needs	Total %
Domestic needs should not determine whether to support this effort or not	68
Domestic needs are too great to support this effort	9
Campaign is a good idea, but must learn more about specifics on budget, spending before support (Vol.)	10
Could be afforded if domestic priorities were reordered (Vol.)	5
Other	3
Not sure/no answer	5

Q: "Some people say that in view of our domestic needs and the budget deficit, we should not spend federal money on humanitarian projects in developing countries. Others say that if we can reduce infant mortality inexpensively and effectively, we should use federal money to do so, even given the deficit and other domestic needs. How do you feel?"

****

FINDING #15

Leaders are split about whether the Child Survival Campaign must focus on infant mortality in the U.S. as well as in developing countries. While 46% will support the effort even if it is exclusively international, 31% will support the effort only if it focuses on infant mortality in the U.S. as well as in developing countries.

****

TABLE 15

VIEWS ABOUT INCLUDING THE U.S. AS A FACTOR IN DETERMINING SUPPORT FOR THE CAMPAIGN

Views About Focusing on Infant Mortality in the U.S.	Total %
Whether the U.S. is included is not a factor in determining my support for the effort	46
U.S. must be included	31
Not sure/no answer	12
Support regardless, but prefer domestic component (Vol.)	6
Other	4
Do not support the effort	2

Q: "Which statement is closer to your own view?

A. I'll support the Child Survival Campaign only if it focuses on infant mortality in the U.S. as well as in the Third World.
or
B. Very little infant mortality in the U.S. is due to causes GOBI will focus on, and so this issue will not determine whether or not I support the campaign."

****

FINDING #16

A solid majority feels that reducing infant mortality is a top priority for the use of private aid to developing countries. Given a list of activities, most leaders say reducing infant mortality and providing surplus food to help relieve hunger should be top priorities.

****

TABLE 16

PRIORITIES FOR THE USE OF PRIVATE AID

Uses for Private Aid	Priority Rating Top %	 Middle %	 Low %	N.S./N.A. %
Help countries lower infant death rates	72	19	4	5
Provide surplus food to help reduce hunger	72	17	6	5
Help farmers buy seed and basic equipment	55	30	10	6
Control world population	42	25	26	8
Provide long term assistance by building roads, dams, and hospitals	33	36	24	7
Provide direct financial assistance so countries can pay their debts	7	14	65	14

Q: "Recognizing that we can't do everything, give each activity below a priority for assistance to developing countries using private aid."

* * *

FINDING #17

Given a similar list of uses for federal aid, a lower number says reducing infant mortality should be a top priority: 59% for federal aid compared to 72% for private aid (see Finding #16). However, compared to other possible uses, only reducing hunger is ranked higher.[1]

* * *

TABLE 17

PRIORITIES FOR THE USE OF FEDERAL AID

Uses for Federal Aid	Priority Rating			N.S./N.A.
	Top	Middle	Low	
	%	%	%	%
Provide surplus food to help reduce hunger	69	24	4	4
Help countries lower infant death rates	59	29	6	5
Help farmers buy seed and basic equipment	54	33	7	6
Provide long term assistance by building roads, dams, and hospitals	41	44	9	5
Control world population	39	27	25	8
Provide military aid to strategically important countries, including renting land for US bases	19	32	41	6
Provide direct financial assistance so countries can pay their debts	6	24	55	14

Q: "Recognizing that we can't do everything, give each activity below a priority for assistance to developing countries using federal aid."

---

[1] This result about the use of federal and private aid is consistent with the public's attitudes. (See pg. 43 of Infant Mortality in the Third World: The Public's Reactions to the Child Survival Campaign, The Public Agenda Foundation, March, 1986.)

* * *

FINDING #18

There is somewhat less support for the Campaign in Houston than in the other four "model cities." For example, 54% of the leaders in Houston strongly support efforts to reduce Third World infant mortality, compared to an average 77% among leaders in the other four cities.

* * *

TABLE 18-1

VIEWS ABOUT EFFORTS TO REDUCE 3RD WORLD INFANT MORTALITY

Overall View	Four City Average %	Hst %	Atl %	LA %	Minn %	Phila %
Strongly favor	77	54	80	82	67	77
Somewhat favor	19	25	11	16	28	21
Somewhat oppose	2	4	2	2	--	2
Strongly oppose	--	5	--	--	--	--
Not sure/no answer	3	13	8	--	5	--

Q: "How strongly do you favor efforts to reduce Third World infant mortality?"

Detailed Observation

Houston leaders are also less likely to say that reducing infant mortality should be a top priority. Just over half of them name this as a top priority for the use of private aid, compared to an average of 76% in the other model cities.

TABLE 18-2

REDUCING INFANT MORTALITY IS A TOP PRIORITY USING PRIVATE AID

A "Top Priority" Use of Private Aid	Four City Average %	Hst %	Atl %	LA %	Minn %	Phila %
Helping countries lower infant death rates is a top priority	76	53	79	83	72	69

Q: "Recognizing that we can't do everything, give this activity a priority for assistance to developing countries using private aid."

Detailed Observation

And when asked about using federal aid, only 37% of the Houston leaders ranked reducing infant mortality as a top priority, compared to an average of nearly two-thirds of the leaders in the other model cities.

TABLE 18-3

REDUCING INFANT MORTALITY IS A TOP PRIORITY USING FEDERAL AID

A "Top Priority" Use of Federal Aid	Four City Average %	Hst %	Atl %	LA %	Minn %	Phila %
Helping countries lower infant death rates is a top priority	64	37	70	74	59	53

Q: "Recognizing that we can't do everything, give this activity a priority for assistance to developing countries using federal aid."

Detailed Observation

Houston leaders are also somewhat more concerned about domestic needs.

TABLE 18-4

VIEWS ABOUT THE COMPARATIVE IMPORTANCE OF DOMESTIC NEEDS TO HUMANITARIAN PROJECTS IN DEVELOPING COUNTRIES

Comparative Importance of Domestic Needs	Four City Average %	Hst %	Atl %	LA %	Minn %	Phila %
Domestic needs should not determine whether to support this effort	68	56	70	67	67	77
Domestic needs are too great to support effort	9	18	5	5	5	6
Good idea, but must learn more about budget, etc. before support (Vol.)	10	9	5	16	7	3
Could be afforded if priorities were reordered (Vol.)	5	4	8	2	7	4
Other*	3	11	5	9	6	1
Not sure/no answer	5	4	7	--	7	8

* Includes: "Only through volunteer fundraising--not taxation;" "Support if an international effort."

Q: "Some people say that in view of our domestic needs and the budget deficit, we should not spend federal money on humanitarian projects in developing countries. Others say that if we can reduce infant mortality inexpensively and effectively, we should use federal money to do so, even given the deficit and other domestic needs. How do you feel?"

Detailed Observation

Finally, a comparatively large number of Houston leaders oppose the effort because it might increase world population. In the other model cities, no more than 2% feel that this is a reason not to support the effort.

TABLE 18-5

WORLD POPULATION AS A FACTOR IN DETERMINING SUPPORT FOR THE CHILD SURVIVAL CAMPAIGN

World Population As A Factor For Support For CSC	Four City Average %	Hst %	Atl %	LA %	Minn %	Phila %
The issue of world population is not a consideration	87	82	87	93	86	83
Oppose effort because will increase world population	1	14	--	2	1	2
Other*	6	4	3	4	8	10
Not Sure/No Answer	6	--	11	2	5	4

Q: "Which statement about the Child Survival Campaign is closer to your view?

A. I oppose the effort because it will increase world population.
or
B. The issue of world population will not determine whether I support this effort or not; other considerations are more important."

****

FINDING #19

About nine in ten leaders from all leadership categories favor efforts to reduce Third World infant mortality. However, the percentage who strongly favor these efforts is comparatively low among corporate leaders.

****

TABLE 19

VIEWS ABOUT EFFORTS TO REDUCE THIRD WORLD INFANT MORTALITY

Overall View	Total %	Assoc %	Corp %	Educ %	Govt %	Media %
Strongly favor	72	77	50	81	91	74
Somewhat favor	20	16	34	16	9	19
Somewhat oppose	1	1	3	1	--	2
Strongly oppose	1	--	3	--	--	2
Not sure/no answer	6	5	11	3	--	4

Q: "How strongly do you favor efforts to reduce Third World infant mortality?"

****

FINDING #20

Only a small number of leaders from all types of organizations oppose this effort because of the threat of world overpopulation.

****

TABLE 20

WORLD POPULATION AS A FACTOR IN LEADERS' SUPPORT FOR THE CHILD SURVIVAL CAMPAIGN

World Population As A Factor For Support For CSC	Total	Assoc	Corp	Educ	Govt	Media
	%	%	%	%	%	%
The issue of world population is not a determining factor	88	97	82	95	97	81
Oppose effort because it will increase world population	4	1	8	3	--	5
Other	6	3	3	--	--	2
Not sure/no answer	5	3	7	3	--	7

Q: "Which statement about the Child Survival Campaign is closer to your view?

A. I oppose the effort because it will increase world population.
or
B. The issue of world population will not determine whether I support this effort or not; other considerations are more important."

* * *

FINDING #21

Corporate leaders are less likely to say that the government can afford to support efforts to reduce Third World infant mortality in spite of domestic needs. Only 47% of the corporate leaders say the government can do both, compared to 79% among government leaders and 65% among media leaders.

* * *

TABLE 21

VIEWS ABOUT THE COMPARATIVE IMPORTANCE OF DOMESTIC NEEDS TO HUMANITARIAN PROJECTS IN DEVELOPING COUNTRIES

Comparative Importance of Domestic Needs	Total %	Corp %	Assoc %	Educ %	Govt %	Media %
Domestic needs should not determine whether to support this effort	68	47	75	74	79	65
Domestic needs are too great to support this effort	9	9	3	6	--	12
Good idea, but must learn more specifics about budget, spending (Vol.)	10	11	5	6	6	9
Can be afforded if budget priorities are reordered (Vol.)	5	3	10	5	3	2
Other*	3	18	2	3	9	4
Not sure/no answer	5	11	4	3	3	7

*Includes: "Only through volunteer efforts;" "If an international effort."

Q: "Some people say that in view of our domestic needs and the budget deficit, we should not spend federal money on humanitarian projects in developing countries. Others say that if we can reduce infant mortality inexpensively and effectively, we should use federal money to do so, even given the deficit and other domestic needs. How do you feel?"

****

FINDING #22

Leaders from all groups feel that lowering infant mortality rates in Third World countries is a top priority. However, leadership support for the effort is greater when using private rather than federal aid.

****

TABLE 22-1

PRIORITY FOR REDUCING INFANT MORTALITY USING PRIVATE AID

A Top Priority for the Use of Private Aid	Total %	Assoc %	Corp %	Educ %	Govt %	Media %
Helping countries lower infant death rates	72	81	68	78	71	67

Q: "Recognizing that we can't do everything, give each activity below a priority for assistance to developing countries using private aid."

TABLE 22-2

PRIORITY FOR REDUCING INFANT MORTALITY USING FEDERAL AID

A Top Priority for the Use of Federal Aid	Total %	Assoc %	Corp %	Educ %	Govt %	Media %
Helping countries lower infant death rates	59	73	50	64	59	54

Q: "Recognizing that we can't do everything, give each activity below a priority for assistance to developing countries using federal aid."

****

FINDING #23

Nearly two-thirds say they will support the Child Survival Campaign in their role as leaders in their community.

****

TABLE 23

SUPPORT FOR THE CHILD SURVIVAL CAMPAIGN IN THEIR COMMUNITY

Support As Leaders In Their Community	Total %
Would support	63
Would not support	12
Not sure/no answer	25

Q: "Is the Child Survival Campaign something you would support as a community leader?"

* * *

FINDING #24

While majorities in every city say they will back the campaign, support among Los Angeles leaders is especially strong.

* * *

TABLE 24

SUPPORT FOR THE CHILD SURVIVAL CAMPAIGN AS LEADERS IN THEIR COMMUNITY

Support As Leaders In Their Community	Total %	LA %	Atl %	Hst %	Minn %	Phila %
Would support	63	81	69	53	52	63
Would not support	12	7	7	18	16	12
Not sure/no answer	25	13	24	27	30	25

Q: "Is the Child Survival Campaign something you would support as a community leader?"

****

FINDING #25

Large numbers of leaders are willing to become involved in the campaign in a variety of ways.

****

TABLE 25

ACTIVITIES THAT LEADERS ARE WILLING TO DO

Activities	Total* %
Distribute materials about the effort	38
Support increased federal aid for the effort	34
Represent the effort or endorse it publicly	33
Raise money or contribute to the effort	18
Hold an informational meeting on the campaign	14
Get their organization to work for the campaign	14
Other	6
Not sure/no answer	31

* Percentage totals more than 100 due to multiple answers.

Q: "Which of the following would you be likely to do?"

****

FINDING #26

However, leaders from each of the five model cities are not sure what their community's response to the effort will be.

****

TABLE 26

COMMUNITY LEADERS' PERCEPTION OF THEIR COMMUNITY'S ATTITUDE TOWARDS THE CHILD SURVIVAL CAMPAIGN

Perceptions About the Community's View of The Campaign	Total %	Atl %	Hst %	LA %	Minn %	Phila %
Would support	42	42	47	48	42	35
Would not support	8	9	10	4	5	18
Not sure/no answer	50	49	41	50	55	45

Q: "Is this effort something that you think people in your community would support?"

****

FINDING #27

Leaders' uncertainty about their community's reaction stems from their views about competing causes and questions about the Campaign's publicity and visibility.

****

TABLE 27

REASONS WHY LEADERS ARE UNSURE HOW PEOPLE WILL REACT TO THE CHILD SURVIVAL CAMPAIGN

Perceived Reasons Why People May Not Support the Campaign	Among Those Unsure Of Their Community's Reaction % (n = 168)
There are so many competing priorities/causes	28
Not sure of community attitudes	28
Depends on publicity/presentation	25
People in the community are apathetic	5
People in the community are selfish	5
People in community are not socially aware	5
Don't know, not involved with the community	5

Q: "Why do you say this effort is something that you think people in your community would or would not support?"

METHODOLOGY

METHODOLOGY

To assess leaders' views about efforts to reduce Third World infant mortality and about the Child Survival Campaign, the Public Agenda Foundation conducted a self-administered survey through the mail to 335 community leaders in five cities: Atlanta, Houston, Los Angeles, Minneapolis, and Philadelphia. Individually addressed letters of introduction describing the Public Agenda and the general purpose of the survey were sent to each respondent; these letters were followed by a second mailing that included the questionnaire and a stamped, addressed return envelope. No incentive was offered. Following the mailing of the questionnaire, reminder letters and follow-up telephone calls were made to those who had not responded within three weeks.

Since the Child Survival Campaign did not begin to attract wide public attention until the fall of 1986, the Public Agenda had ample time to sample leaders' precampaign opinions. Four mailings were sent out between March 1 and August 31, 1986. The first mailing was to a list of the names of 800 community leaders provided to the Public Agenda by Child Survival Campaign staff. Initial assessments were that the response rate was slow, especially among leaders in the news media and business community; and so the Public Agenda compiled a supplemental list of 150 media and business leaders in the five cities and sent them the introductory letter followed by the questionnaire in April, 1986. In spite of follow-up letters and phone calls made through May, the response rate was still unacceptably low and so the Public Agenda compiled two additional lists and sent out supplemental mailings to 600 and 100 community leaders in June and August respectively; follow-up calls reminding leaders about the survey and asking them to send it back were made throughout the summer. Respondents were chosen using the sampling criteria described below.

Sampling Criteria: As with any leadership sample, the universe of whom to sample is not self-defining since there is not absolute agreement about who is a community "leader." Therefore, decisions about whom to interview require that criteria be defined and operationalized. The criteria used to identify leaders for this survey are as follows:

1. Government Leaders had to be an:
    a. Elected official including a mayor, city council member, state senator or representative, or a member of Congress; or an
    b. Appointed official including major department or agency heads from the model city (or immediate area).

2. Leaders from Higher Education had to be either a:
    a. College or university president, chancellor, provost, or dean; or a
    b. High school or secondary school superintendent, school board member, or principal.

3. Corporate Leaders had to be both a:
    a. Chairman, chief executive officer, president, or vice president;
    b. And from a firm with no fewer than 10,000 employees in the model city or immediate area.

4. Media Leaders had to be either:
    a. The editor, managing editor, or editorial page editor of a major newspaper serving the area; or
    b. The general manager, program director or news directors of a major television and radio station serving the area.

Association and community organization leaders included the director, president or senior executive from:

a. Charitable organizations such as the Salvation Army or Red Cross;
b. Community groups such as the Boy Scouts and the YMCA;
c. Service groups such as the Rotary and Lions Club;
d. Labor unions including the AFL-CIO and major locals;
e. Civic groups such as the League of Women Voters;
f. Advocacy organizations including civil rights groups such as the NAACP, women's groups such as NOW, and organizations for the elderly or handicapped.

Sample Composition:

Below is a breakdown of the 335 leadership respondents by city and category or segment.

Number of Completed Interviews by City	Percent of Sample
TOTAL = 335	100%
Minneapolis = 86	26%
Philadelphia = 73	22%
Atlanta = 66	20%
Los Angeles = 56	17%
Houston = 54	16%

Number of Completed Interviews by Segment	Percent of Sample
TOTAL = 335	100%
Associations = 102	30%
Education = 73	22%
Business = 67	20%
News media = 57	17%
Government = 35	10%
No answer = 1	<1%

APPENDIX

Questionnaire Number
-1 -2 -3

COMMUNITY LEADERSHIP SURVEY

Dear Community Leader:

In cooperation with the Carnegie Corporation, the Public Agenda Foundation, a New York-based nonprofit, nonpartisan research and educational organization, is conducting a survey of community leaders' attitudes about an issue of international importance.

This questionnaire is designed to take only a few minutes for you to answer. Please circle your answers, then put the completed questionnaire in the enclosed stamped envelope and mail it to the Public Agenda. Your answers will be strictly confidential. However, a summary of the results will be available to you upon request. Thank you in advance for your help with this important effort.

(For more information contact Chris Murdock or Judy Kallick at The Public Agenda.)

****PLEASE DO NOT LOOK AHEAD IN THE QUESTIONNAIRE****
(Information is provided about certain items later in the survey. To assess what leaders are aware of at the present time, we ask that you not look ahead. Thank you.)

Background Information: To help us keep track of who has replied, please answer the background questions below.

______________________________ -4
(Name)

______________________________ -5
(Organization)

______________________________ -6
(Position or Title)

____

______________________________ -7
(Mailing Address and Zip Code)

(   ) ______________________________ -8
(Phone Number)

Part I: Many of the first questions involve awareness. To help us make an accurate assessment, please answer in terms of your current knowledge. Just circle your answers. **PLEASE DO NOT LOOK AHEAD IN THE QUESTIONNAIRE.**

1. The World Health Organization recently estimated the number of infants in developing countries who die every day from easily preventable causes. What do you think that number is? (**Write your estimate on the line below.**)

______________________________ 9-10

2. How strongly do you favor efforts to reduce Third World infant mortality?

a. Strongly favor..............................11 -1
b. Somewhat favor...................................-2
c. Somewhat oppose..................................-3
d. Strongly oppose..................................-4
e. I'm really not sure..............................-5

Which of the following do you think are major causes of Third World infant mortality that could be easily prevented?

	Yes	No	Not Sure
3. Polio................................12	-1	-2	-3
4. Diphtheria...........................13	-1	-2	-3
5. Dehydration caused by diarrhea........14	-1	-2	-3
6. Tuberculosis.........................15	-1	-2	-3
7. Smallpox.............................16	-1	-2	-3
8. Measles..............................17	-1	-2	-3

9. What do you think is the greatest preventable cause of infant mortality?

______________________________ 18-19
(Write in your answer above.)

10. Have you ever heard of the "Child Survival Campaign?"

a. Yes..................20 -1 -- **Please answer 10b and 10c**
b. No......................-2 -- **Go to Q. 11**
c. I'm really not sure.....-3 -- **Go to Q. 11**

10b. Briefly describe what it is. ______________________________

______________________________ 21-22

10c. How did you hear of it?______________________________

______________________________ 23-24

11. Have you ever heard the term "GOBI?" (The acronym, not the desert.)

a. Yes..................25 -1 -- **Please answer 11b**
b. No......................-2 -- **Go to Q. 12**
c. I'm really not sure.....-3 -- **Go to Q. 12**

11b. Briefly describe what the letters stand for. ______________________________

______________________________ 26-27

PART II: Please read the Background information about the Child Survival Campaign and the "GOBI" strategy to reduce Third World infant mortality, then answer the questions below.

Background: The Child Survival Campaign is an international effort to reduce infant mortality in developing countries through a four part strategy with the acronym "GOBI."

"G" -- Growth monitoring: teaching parents to monitor their baby's height and weight through the use of an inexpensive growth chart;

"O" -- Oral rehydration therapy: teaching parents to give children a salt and water solution when their children get diarrhea, thereby preventing dehydration caused by diarrhea, the single biggest killer of infants in developing countries;

"B" -- Breast-feeding: encouraging mothers to breast-feed their babies;

"I" -- Immunizing children against six diseases (polio, TB, diphtheria, measles, whooping cough and tetanus) with the goal of "universal immunization" against these diseases by the year 1990.

The World Health Organization estimates that each day, 40,000 children die from the causes GOBI would prevent. The goal of the Child Survival Campaign is to cut that number in half by the year 1990.

---

12. In your opinion, is it realistic to think that Third World infant mortality could be significantly reduced by the year 1990?

a. Yes......................28 -1
b. No..........................-2 > Please answer 12b
c. I'm really not sure.........-3

12b. Why do you feel that way? ____

____ 29-30

13. Some people say that in view of our domestic needs and the budget deficit, we should not spend federal money on humanitarian projects in developing countries. Others say that if we can reduce infant mortality inexpensively and effectively, we should use federal money to do so, even given the deficit and other domestic needs. How do you feel?

a. Our domestic needs are too great to support this effort.........31 -1
b. Our domestic needs should not determine whether to support this effort or not; other considerations are more important...........-2

c. Other ____ -3
(Please Specify)
d. I'm really not sure...-4

14. Which statement about the Child Survival Campaign is closer to your view?

A. I oppose the effort because it will increase world population.
or
B. The issue of world population will not determine whether I support this effort or not; other considerations are more important.

a. Statement A is closer to my own view....................32 -1
b. Statement B is closer to my own view......................-2

c. Other____-3
(Please Specify)
d. I'm really not sure...-4

15. Advocates of the Child Survival Campaign argue that in the long run, the effort will not increase world population. They say that in countries such as China, Sri Lanka, Korea, Costa Rica and Singapore where the birth rate has leveled off, the infant mortality rate has declined first because parents feel less need to have extra children when they're confident their children will survive. These advocates argue that we must reduce infant mortality before we can slow population growth. Does this sound like a valid argument or not?

a. Yes, it sounds like a valid argument...................33 -1
b. No, it does not sound like a valid argument................-2
c. I'm really not sure...-3

16. Which statement is closer to your own view?

A. I'll support the Child Survival Campaign only if it focuses on infant mortality in the U.S as well as in the Third World.
or
B. Very little infant mortality in the U.S. is due to causes GOBI will focus on, and so this issue will not determine whether or not I support the campaign.

a. Statement A is closer to my own view....................34 -1
b. Statement B is closer to my own view......................-2

c. Other____-3
(Please Specify)
d. I'm really not sure...-4

17. Which statement comes closer to your own view?

A. I oppose the Child Survival Campaign because it will help children in countries that aren't friendly to the U.S.
or
B. Children's lives should not be weighed in terms of international politics, and so this issue will not determine whether or not I support the campaign.

a. Statement A is closer to my own view....................35 -1
b. Statement B is closer to my own view......................-2

c. Other____-3
(Please Specify)
d. I'm really not sure...-4

Recognizing that we can't do everything, give each activity below a priority for assistance to developing countries using federal aid.

Priority for this activity using federal aid	Top	Middle	Low	Not Sure
18. Provide military aid to strategically important countries, including renting land for U.S. bases...36	-1	-2	-3	-4
19. Provide long term assistance by building roads, dams, and hospitals.........................37	-1	-2	-3	-4
20. Provide surplus food to help reduce hunger.......38	-1	-2	-3	-4
21. Control world population.........................39	-1	-2	-3	-4
22. Help farmers buy seed and basic equipment........40	-1	-2	-3	-4
23. Provide direct financial assistance so countries can pay their debts..................................41	-1	-2	-3	-4
24. Help countries lower infant death rates..........42	-1	-2	-3	-4

Now rate each in terms of the use of private aid by charitable organizations.

Priority for this activity using private aid	Top	Middle	Low	Not Sure
25. Provide long term assistance by building roads, dams, and hospitals.........................43	-1	-2	-3	-4
26. Provide surplus food to help reduce hunger.......44	-1	-2	-3	-4
27. Control world population.........................45	-1	-2	-3	-4
28. Help farmers buy seed and basic equipment........46	-1	-2	-3	-4
29. Provide direct financial assistance so countries can pay their debts..................................47	-1	-2	-3	-4
30. Help countries lower infant death rates..........48	-1	-2	-3	-4

Additional Background: The Child Survival Campaign is already underway; in the past year, millions of children in South America, Africa and Asia have been immunized against six diseases, and thousands of trained volunteers in various countries are teaching parents about GOBI, including how to treat dehydration caused by diarrhea. Answer these final questions in view of this information.

---

31. Is this effort something you would support as a community leader?

a. Almost certainly.........................49 -1 -- Please answer 31b
b. Probably not ....-2 -- Go to Q. 32
c. I'm really not sure ....-3 -- Go to Q. 32

31b. Which of the following would you be likely to do? (Mark those activities you'd be likely to do. Leave blank those you would not.)

I would:

_____ (50-1) Hold a meeting for people to learn about the campaign?
_____ (-2) Distribute materials about the effort?
_____ (-3) Represent the effort or endorse it publicly?
_____ (-4) Support increased federal aid for this effort?
_____ (-5) Raise money or contribute to the effort?
_____ (-6) Get my organization to work for the Child Survival Campaign?

_____ (-7) Other (Specify)____

32. Is this effort something your organization might take on as a project?

a. Almost certainly........................51 -1
b. Probably not.............................-2 > Please answer 32b
c. I'm really not sure at this time............-3
d. Does not apply to my situation..............-4

32b. Why do you say that? ______________________________

______________________________ 52-53

33. Is this effort something that you think people in your community would support?

a. Almost certainly........................54 -1
b. Probably not ....-2 > Please answer 33b
c. I'm really not sure at this time............-3

33b. Why do you say that? ______________________________

______________________________ 55-56

34. Is there anything else you'd like to add about either the effort to reduce Third World infant mortality or about this questionnaire?

____

______________________________ 57-58

That ends the survey. Please put your completed questionnaire in the enclosed envelope and mail it to the Public Agenda. Thank you for your help with this important research effort.

* This questionnaire is strictly confidential. Your answers will not be forwarded to any other organization. But if you would like more information about the Child Survival Campaign, including how you can volunteer, contact:

The Child Survival Campaign
U.S. Committee for UNICEF
331 East 38th Street
New York, NY 10016
(212) 686-5522

ABOUT THE PUBLIC AGENDA FOUNDATION

The Public Agenda is a nonprofit, nonpartisan research and education organization that specializes in public understanding of complex policy issues. Founded over a decade ago by public opinion analyst Daniel Yankelovich and former Secretary of State Cyrus Vance, Public Agenda's indepth research probes beneath public opinion -- people's top-of-the-head reactions to issues -- to uncover public judgment -- people's views on issues when they have confronted them realistically and weighed the choices and tradeoffs they present. Public Agenda citizen education materials provide average Americans with imaginative and compelling means to understand complex issues for themselves. The organization has conducted research and prepared educational materials on a variety of public policy issues including nuclear arms and U.S./Soviet relations, rising health care costs, Social Security and retirement, social welfare reform, prison overcrowding, and the federal budget deficit.

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Childcare and Working Parents: Executive Summary (1983). John Immerwahr, Judith Golub, and Harvey Lauer. An examination of changing economic realities for married couples and single parents, including analysis of national survey data and indepth interviews with both childcare experts and working parents. Part of the multi-year project on jobs and work, "Jobs in the 1980's and 1990's". 22pp. Price: $5.00.

Community Leaders' Attitudes About Child Survival (1987). John Doble and Judith Kallick. Prepared for the U.S. Committee for UNICEF and the Carnegie Corporation. The report contains findings of a survey conducted with over 1,000 community leaders in five cities to assess their views about third world infant mortality. 57pp. Price: $10.00.

Children at Risk, Families at Risk: The Public's Perspective on Child Abuse and Neglect (Forthcoming, 1987). John Immerwahr and John Doble. Report on public misperceptions about foster care based on series on ten focus groups conducted across the country. Prepared for the Edna McConnell Clark Foundation.

Infant Mortality in the Third World: The Public's Reactions to Child Survival (1986). John Doble. A report for the U.S. Committee for UNICEF analyzing obstacles blocking citizens' consideration of ways to reduce infant mortality in developing countries, with recommendations for the Child Survival Campaign of UNICEF. 46pp. Price: $8.00.

CRIME AND CORRECTIONS:

Crime and Corrections: A Review of Public Opinion Data Since 1975 (1986). Mary Komarnicki and John Doble. Findings, detailed observations and tables of surveys from many sources organized into six sections detailing people's attitudes towards the criminal justice system, police, courts and prison system, and the causes and problems of crime. Prepared for the Edna McConnell Clark Foundation. 131pp. Price: $18.00.

Crime and Punishment: The Public's View (1986). John Doble. Prepared for the Edna McConnell Clark Foundation. A qualitative analysis of ten focus group discussions exploring people's opinions on crime and corrections, the rationale for their views, and their views on alternatives to incarceration as a means to reduce prison overcrowding. 85pp. Available from the Edna McConnell Clark Foundation, 250 Park Avenue, New York, NY, 10017 (212) 986-7050.

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SchoolVote Ballot Results (1985). Results of balloting from pilot SchoolVote campaign conducted in Philadelphia and the Delaware Valley in 1985 where 100,000 citizens "cast a vote" on choices regarding critical education issues including class size, teacher evaluation, and enriched programs for preschoolers. Price: $8.00.

ENGINEERING, SCIENCE, AND TECHNOLOGY:

Engineering and Technology: The Public's Perspective (1986). John Doble and Mary Komarnicki. A qualitative analysis of focus group discussions on the public's attitudes about engineers and engineering. Prepared for the National Academy of Engineering. 46pp. Price: $8.00.

Public Attitudes Toward Engineering and Technology (1986). Mary Komarnicki and John Doble. An analysis of existing opinion survey data on engineering and technology with detailed observations, tables, and survey questions and responses. Prepared for the National Academy of Engineering. 106pp. Price: $20.00.

Science Policy Priorities and the Public (1983). John Doble. A pilot study assessing the public's willingness and ability to participate in setting priorities for scientific research. Prepared in association with Harvard University for the National Science Foundation. 88pp. Price: $12.00.

HEALTH CARE COSTS:

Curbing Health Care Costs: The Public's Prescription (1983). John Doble, Jean Johnson, and Jeff Tuchman. Report on pilot citizen education campaign on rising health care costs -- HealthVote 82 -- conducted in Des Moines, Iowa. Contains data about public understanding of health costs before and after the information campaign and describes the communications activities that led to increased public knowledge of the issue. 80pp. Price: $6.50.

HealthVote: A Public Information Campaign. An information kit describing a citizen information campaign on rising health care costs conducted by Public Agenda with local media sponsors in cities across the country. Contains press releases, storyboards, and sample materials from the campaign. Provides information on media participation, community and leadership involvement, and results of culminating "balloting." in the cities. Price: $2.00.

HealthVote Ballot Results (1985). Detailed results of ballots from five HealthVote campaigns conducted in Dayton, Kansas City, Minneapolis, Peoria, and Raleigh in 1985 where citizens were asked to "cast a vote" on critical health care issues including care of low income citizens and the elderly, malpractice, and use of HMOs and similar alternatives. 20pp. Price: $5.00.

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Jobs in the 1980's and 1990's: A Sourcebook for Policy Makers (1983). Harvey Lauer. Report of comparative studies conducted in the United States, Great Britain, West Germany, Japan, and Sweden on workers' attitudes about productivity, unemployment, worker incentives, and job satisfaction. Prepared as part of the "Jobs in the 1980's and 1990's" project. 359pp. Price: $15.00.

Managing for Motivation in a High Discretion Workplace (1983). Daniel Yankelovich. An examination of factors contributing to enhanced productivity, including a list of "dos and don'ts" for stimulating the work ethic. Prepared as part of "Jobs in the 1980's and 1990's" project. 43pp. Price: $5.00

New Technnology in the Workplace: A Quotebook of Opportunities and Options (1985). Mary Komarnicki. Highlights of findings of the "Technology and Human Resource" project, a study designed to explore ways to introduce new technology in the workplace to enhance worker acceptance and productivity. (102pp). Price: $10.00. Summary report available: $5.00.

People and the New Technologies: An Issue for Managers (1983). Franklin Lindsay, Jerome Rubin, and Richard Cohen. Paper presented at the 1983 Wharton/Reliance Symposium on "Removing Obstacles to Economic Growth" discussing interviews with managers and experts conducted for the "Technology and Human Resources" project. 46pp. Price $7.50.

Putting the Work Ethic to Work (1983). Daniel Yankelovich and John Immerwahr. A ground-breaking report on the state of the American work ethic and its relationship to America's economic vitality. Report is based on indepth interviews with 845 working Americans and includes findings from comparative studies conducted in Great Britain, West Germany, Japan, Israel, and Sweden. Published as the culminating report of the "Jobs in the 1980's and 1990's" project. Includes executive summary. 45pp. Price: 20.00. Bulk rates available.

Work in the 1980's and 1990's: A Series of Nine Articles Appearing in Working Woman Magazine (1983). Julia Kagan. Series of articles highlighting findings from the "Jobs in the 1980's and 1990's" project, with special emphasis of views of women in the work place. Focuses on working mothers and child care, job satisfaction and productivity, technology in the workplace, and retirement. 19pp. Price: $5.00.

NUCLEAR ARMS AND U.S./SOVIET RELATIONS:

Nuclear Proliferation: The Public's View (1985). John Doble. Report on Americans' attitudes concerning the spread of nuclear weapons. Prepared for the Roosevelt Center for American Policy Studies in Washington, DC. 52pp. Price: $8.50.

The Public, the Soviets, and Nuclear Weapons: An Information Kit (1987). Describes the multi-year joint effort of Public Agenda and the Center for Foreign Policy Development at Brown Univerisity to explore and enhance the public's role in development of the country's long term policies for nuclear arms and U.S./Soviet relations. Includes information about Public Summit '88, a citizen information campaign to be conducted in cooperaton local television and newspapers in four cities in January, 1988. Campaign asks citizens to think about both short-term and long-term options for relations with the Soviets. Single copies available free of charge.

The Public, the Soviets, and Nuclear Weapons: A Perspective from Community Leaders (1987). Report on series of workshops held with community leaders in ten cities examining issues such as deterrence, the Strategic Defense Initiative, and the spread of Marxism in the Third World. Conducted for "The Public, The Soviets, and Nuclear Arms," a joint project of the Public Agenda and the Center for Foreign Policy Development at Brown University. 62pp. Price: $10.00.

Voter Options on Nuclear Arms Policy: A Briefing Book for the 1984 Elections (1984). The Public Agenda Foundation and the Center for Foreign Policy Development at Brown University. Report based on a 1984 indepth study of Americans' views about nuclear arms, the Soviets, arms control, and communism in the Third World, and an analysis of opinion data on these issues since 1945. Outlines areas of consensus and confusion among Americans and contrast public opinion, elite views and existing policy options. 90pp. Price: $6.00. Technical Appendix: $10.00.

SOCIAL WELFARE POLICY:

Options for Social Welfare Policy: The Public's Views (1986). John Doble and Keith Melville. Examination of public knowledge and misperceptions about welfare policy based on series of six focus groups. Prepared for the Ford Foundation. 52pp. Price: $6.50.

The Public's Perspective on Social Welfare Policy: A Briefing Book for the 1988 Elections (Forthcoming, 1987). Keith Melville and John Doble. Report on major indepth study of public attitudes about social welfare and proposals to reform the welfare system, including reforming AFDC, expanding early childhood intervention, assisting the working poor, and extending government-provided health insurance. Prepared for the Ford Foundation. 100pp. Price: $10.50. Technical Appendix: 124pp. Price: $15.00.

REGIONAL STUDIES ON ECONOMIC GROWTH AND THE ENVIRONMENT

The Kanawha Valley: A Report on Public Attitudes Toward Economic Benefits and Environmental Risks (1986). Richard Harwood. A report on the views of residents of Kanawha Valley (Charleston, West Virginia) on chemical production, environmental trade-offs, chemical companies in the Valley and their economic benefits. Prepared for the National Institute for Chemical Studies. 64pp. Price: $10.00

International Competitiveness in the West: The Public's View (1986). Public Agenda Foundation. Report on focus groups conducted in the western states focusing on the region's economic vitality, international competitiveness and protectionism. Prepared for the Western Governors' Association. 34pp. Price: $7.00.

Survey of Attitudes of the Puget Sound Work Force on Economic Growth and the Work Place (1982). Introduction by William D. Ruckelhaus and Brewster C. Denny. Survey of 500 employed reisdents of three Puget Sound counties on work preference, living environment, economic growth, and worker commitment and productivity. Report provides insights into worker morale at small and large corporations and what workers view as important returns on a job. Survey covers "discretionary" worker effort and willingness to accept environmental trade-offs for economic growth. 110pp. Price: $15.00.

Water Efficiency in the West: The Public's View (1986). Public Agenda Foundation. Summary of series of focus groups in the Western states exploring public understanding and perspective on water shortages and allocation. Prepared for the Western Governors' Association. 43pp. Price: $7.50.

OTHER PUBLIC AGENDA PUBLICATIONS:

Campaign Finance: Defining the Problem, Proposing a Remedy (1985). Keith Melville and Mary Komarnicki. A report on a 1985 Aspen Institute Conference on Campaign Finance which discusses the problem of financing campaigns, the advantages of a wealthy candidate, the increasing influence of PACs, and the diminishing contributions made by voters themselves. Conference examined unintended effects of reforms of the 1970s and prospects now for public support for reform. 15pp. Price: $4.50.

The Federal Budget Crisis: The Public's Response (1983). John Doble and James Shapiro. A discussion of public misperceptions that may be obstacles to addressing the federal budget deficit. The report is based on indepth interviews with citizens in five cities across the country. Prepared for the Committee for a Responsible Federal Budget. 28pp. Price: $5.00.

Sex on Campus: Sexually Transmitted Disease: Surviving the Epidemic of the 1980s (1987). Keith Melville. A 16-page guide for college students laying out the dangers of sexually transmitted diseases, including A.I.D.S., and presenting questions and answers about prevention and self-protection. Prepared for the College Satellite Network with guidance from the Centers for Disease Control, the American College Health Association, and the American Council on Education. Price: $2.00.

The Speaker and the Listener: A Public Perspective on Freedom of Expression (1980). John Immerwahr, Jean Johnson, and John Doble. Introduction by Daniel Yankelovich. Report on a national opinion survey of Americans' attitudes about freedom of expression, the First Amendment, and the communications media. Outlines differences in perspective between professionals in journalism and the public. 65pp. Price: $25.00. Technical appendix: 212pp. Price: $17.00..

VIDEOTAPES AVAILABLE FROM THE PUBLIC AGENDA FOUNDATION:

What Should We Do in School Today? (1985). A 22-minute documentary presentation asking citizens to think through choices facing the public schools. Examines dilemma about curriculum, teacher pay and evaluation, class size, and enrichment programs of disadvataged children. Produced for the Public Agenda's SchoolVote campaigns by David and Albert Maysles. Beta, VHS, or 3/4" format. Purchase: For more information, please contact Jeff Tuchman at Public Agenda.

What Price Health Care? (1985). A 22-minute documentary presentation asking citizens to confront choices presented by the rising cost of health care. Focuses on incentives for hospitals, doctors, and patients to curb the cost of health care. Honored by the American Film Festival. Produced for the Public Agenda's HealthVote camapigns by Philip Garvin of NORAC, Inc. in 1982. Revised in 1985. Beta, VHS, or 3/4" formats. Purchase: For more information, please contact Jeff Tuchman at Public Agenda.

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THE PUBLIC AGENDA FOUNDATION

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The Campaign For Child Survival: Twelve Lessons

By J. Doble & C. Koopman
April, 1988

6 East 39th Street, New York, New York 10016 212·686·6610

THE CAMPAIGN FOR CHILD SURVIVAL:
TWELVE LESSONS OR INSIGHTS THAT MAY BE HELPFUL TO FUTURE EFFORTS

An analysis prepared for the Evaluation Committee
of the Campaign for Child Survival and the Carnegie Corporation

by
John Doble and Cheryl Koopman
The Public Agenda Foundation
April, 1988

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INTRODUCTION

This report presents a series of observations and insights derived from an evaluation of the Campaign for Child Survival (CCS) by the Public Agenda Foundation. The CCS was a twenty-two month effort to raise Americans' awareness of international infant mortality, and support for private and national efforts to reduce it. The CCS was spearheaded by the U.S. Committee for UNICEF, with initial funding provided by the Carnegie Corporation.

About the Campaign for Child Survival: The CCS was administered by a national director and staff hired specifically for that purpose who worked within the organizational structure of the U.S. Committee for UNICEF; the campaign's effort was concentrated on both the national level and on "model" campaigns in five cities: Atlanta, Houston, Los Angeles, Minneapolis, and Philadelphia. In each city, the CCS was run by a local campaign director who was also hired specifically for the campaign and who worked in the local office of the U.S. Committee for UNICEF. The national office assumed overall responsibility for bringing national attention to the issue, coordinating the local efforts, facilitating communication and cooperation among the local campaigns, and evaluating the effectiveness of the effort. However, the administration of the CCS was largely decentralized; local offices, reporting to the U.S. Committee regional directors, had considerable day-to-day autonomy for planning and administering the effort in their city.

Initial plans for the CCS involved national collaboration among a number of nonprofit agencies working on development education issues. It was hoped that CARE, Save the Children, and the International Red Cross among other organizations would work in concert on this effort with the U.S. Committee, pooling their resources and expertise to maximize the effort's impact and effectiveness.

The Role of the Public Agenda Foundation: The Public Agenda Foundation, a nonpartisan research and educational organization, was asked by the Carnegie Corporation to evaluate the impact and effectiveness of the CCS. In addition to extensive public opinion research experience at gauging Americans' understanding about some of the most complex issues facing the country, the Public Agenda has administered a dozen city-wide, citizen education efforts on issues such as the public schools, the rising cost of health care, and the nuclear arms race and U.S.-Soviet relations. Drawing on its experience with educational efforts and its considerable research expertise, the Public Agenda worked with the campaign's national director and with the U.S. Committee Board's Evaluation Committee in an on-going fashion from the beginning of the CCS to evaluate its impact in the broadest sense. The Public Agenda's role included assessing people's reactions to the idea of reducing international infant mortality through GOBI (an acronym for the four-part strategy of Growth-monitoring, Oral rehydration, Breastfeeding, and Immunization), testing the effectiveness of campaign materials and brochures, advising the campaign's director about planning and strategy, and conducting a before-and-after campaign survey of community leaders' attitudes toward this issue in the five model cities. The survey of leadership following the completion of CCS (reported in the companion volume to this report, The Campaign for Child Survival: Community Leaders' Attitudes) suggests that the campaign significantly increased leadership awareness of the problem of international infant mortality, and led to dramatically increased leadership support for both government and private efforts to reduce it. Moreover, this research suggests that a broader campaign with more communications resources would lead to even greater awareness among community opinion leaders.

This report is designed to assist the U.S. Committee, through its Evaluations Committee, and the Carnegie Corporation in their assessment of the CCS. In this report, conclusions are derived from two sources: first, the Public Agenda's experience as evaluators of the effort; second, from an analysis of ten in-depth interviews conducted at the conclusion of the effort with CCS and U.S. Committee for UNICEF staff members in which staff reflected on their experiences. Respondents included the five campaign coordinators for the model city campaigns, and five regional directors of the U.S. Committee for UNICEF in the effort's five model cities. The interviews lasted an average of about two hours each, and focused on what respondents saw as the campaign's achievements and difficulties. To increase candor, respondents were assured that their remarks would be totally confidential. Therefore, in this report, comments are not attributed to particular individuals; rather, in most cases, respondents are identified only as a "staff member."

The conclusions reached in this report are the sole responsibility of the Public Agenda Foundation and do not necessarily reflect the views of the CCS Evaluations Committee, the U.S. Committee for UNICEF, or the Carnegie Corporation. We should also stress that while the Public Agenda's involvement was considerable, our vantage point was limited, and we do not intend that this report be considered a comprehensive statement about the entire campaign or its administration. Rather, it is our hope and intention that certain insights or lessons were learned during the course of conducting this effort that will prove useful to both the U.S Committee and the Carnegie Corporation and, perhaps more important, to other organizations and institutions that undertake similar efforts in the future.

1. Setting unrealistic goals or expectations for an effort can undermine staff motivation and morale, and lead those involved with an effort to discount just how much has been accomplished.

The difficulty of setting realistic expectations: Those involved with the CCS had very high hopes for the effort and what it would achieve. Initially, those involved with the effort talked about changing public opinion so dramatically that people would ask their Representatives to provide more development assistance, or about using infant mortality as a kind of wedge to interest Americans in the broader issues related to developing countries.

It is understandable why unrealistic expectations about an effort like the CCS may develop. The problem of Third World infant mortality is so vast that anything less than a radical solution seems inadequate. This issue is especially tragic because thousands of lives could be saved rather easily. However, given that the vast majority of Americans are unaware of the issue and offer only grudging support for government-provided development assistance, the attitudes of millions of Americans would have to change radically in order to affect public policy. It would, for example, require a wholesale shift in public thinking to get the American people to call for increased government support for efforts to reduce infant mortality.

The resources necessary to change public opinion so dramatically would be enormous -- perhaps hundreds of times what was available for this effort. In view of the level of public support for foreign aid or development assistance, it should have been apparent that the CCS could never hope to revolutionize Americans' thinking about the issue. Given the public's starting point, it should have been clear that while the CCS could have an effect on people's thinking, the impact would be incremental; the campaign could not possibly have changed people's thinking to the extent that it led the public to suddenly care about a wide variety of development-related issues or demand an increase in U.S. development assistance.

However, while a sober assessment is easy for an outsider, those who devote themselves to an effort may find it hard to become enthusiastic about a campaign that will, at best, achieve only incremental change. Therefore, awareness of what was realistic did not always permeate some of the most important aspects of the campaign's planning and evaluation. One staff member said "Our expectation was to create a drastic change in awareness. But our expectations were too high. You can't change attitudes overnight. You change them over generations. We have to be prepared to do education for the next 20 years." In effect, the wish for fundamental change fathered a belief that the effort would have more impact than was possible, given the resources available and the reality of what it takes to change the thinking of millions of Americans.

When "unrealistic" expectations are not met, significant accomplishments can be discounted: When very high expectations are not met, those involved in an effort can lose sight of exactly how much has been achieved. (For example, it is no small success to have a representative of the CCS appear on the *Today* show and talk about GOBI for five minutes. And this was only one of many such accomplishments of the effort. As noted in the Public Agenda's report on community leaders' attitudes, the CCS had a significant impact on leadership thinking about the issue in each of the campaign's five model cities.) Finally, when accomplishments are discounted, the effect on staff morale can be devastating. "There was an overwhelming feeling of disappointment among the people working with this campaign," one staff member said. "The feeling was we didn't accomplish anything."

In Sum: Keeping in mind realistic expectations about what is possible to achieve is essential in evaluating and executing an effort like the Campaign for Child Survival, and key in terms of staff morale. One way to overcome unrealistic expectations might be for efforts to set a series of interim goals or "markers" by which they can gauge their effectiveness as the effort takes place. One example that comes to mind is the United Way "thermometer" which measures how near the goal that campaign is at any given day. A device like this helps establish achievable goals to begin with and also helps those involved with an effort monitors their progress against realistic expectations as the effort unfolds.

2. Setting "education" as the primary goal of an effort like the Campaign for Child Survival can handicap the work because a basic impulse of many people may be to do something to solve the problem directly.

The primary goal of the CCS was to increase awareness of the silent emergency of Third World infant mortality. For a variety of reasons, the effort was interpreted to be solely an educational effort and not an effort to raise money to combat infant mortality or to aid organizations working on this issue. Rather, the aim was to raise consciousness about Third World infant mortality, and, ideally, use that issue as a wedge to increase public interest in development-related issues generally. While this goal, along with many others, was at least partly achieved, setting education as the primary goal created certain handicaps for the effort since this goal disregarded a basic impulse of the audience.

The difficulty of developing a clear message: Setting public education as a goal made it difficult for the CCS to develop a clear message about what people should do after they learned about Third World infant mortality. The issue was presented to the public as an emergency, albeit a silent one. People were told that many thousands of children were dying each day from causes that were readily preventable. Implicit in any discussion of an emergency is the idea that immediate steps should be taken to end it. Yet people were not told how they personally could do anything to alleviate suffering or reduce the dimensions of the tragedy.

Campaign staff often found it hard to interest people in or motivate them to help with an effort that was not directly working to reduce infant mortality in developing countries. One staff member commented, "People say to me, 'What good is an education effort? Why should I tell others? I want to help save lives!'" Another staff member said, "People need to know they can do something [to reduce infant mortality]." A third person said the effort's goal was roughly analagous to taking someone to the scene of a very bad automobile accident and then, when the person asks what he can do to help the victims, telling him, "Quick, go tell a whole lot of other people [about the accident]."

The difficulty in gaining leadership support: Setting education as the primary goal of the effort also led staff members to believe (whether correctly or not) that they could not ask for financial support under any circumstances, and that they therefore had a difficult assignment in gaining the support of leadership segments such as business groups and service organizations. One staff member said, "We had a goal to conduct outreach with business groups. But I didn't know what to ask a corporate chief executive officer to do. I couldn't ask a CEO to raise money, I couldn't even ask him for five dollars for child immunization. All I could tell him to do was educate his employees [about child survival]." Staff members also said that some service organizations found it hard to understand how raising public awareness would coincide with their mission to provide a community service and serve mankind.

Confusion about fundraising: Setting education as the goal also led to staff confusion about how to respond to people whose preferred form of assistance was a donation. One staff member said, "People wanted to give us money, and we were nearly at the point of turning them away, telling them to donate elsewhere." In addition to the confusion, such uncertainty meant that local efforts had less funds to accomplish their goal of education than they might have had contributions been more acceptable.

In sum: Setting education as the goal of an effort like the Campaign for Child Survival created confusion for staff and for those reached by the effort, especially because the issue was presented to them as an "emergency." Unlike other issues that have been subjects for a citizen education effort (such as, for example, welfare reform, the public schools, or the nuclear arms race) Third World infant mortality is an issue that people, acting as individuals, can do something about it. The power of the individual to help in a small but tangible way is, for example, why so many Americans support Save the Children. And people who learned about the CCS often wanted to help in just such a way. At the very least then, in order to minimize confusion, future public outreach and education efforts should anticipate, understand and plan for the possibility that people may want to take direct action to help solve the problem.

3. The difficulties of getting independent organizations to collaborate on a public education effort are enormous and were not fully anticipated.

Great effort was exerted to make the CCS a collaborative effort by the U.S. Committee for UNICEF that would involve CARE, Save the Children, the Red Cross and other prominent national organizations involved in development assistance/education. A successful collaboration, it was felt, would increase the staff, expertise, and support available for the national effort. Given that reducing Third World infant mortality was a priority for each organization, it seemed reasonable to hope that collaboration would be possible. However, the intended collaboration never materialized and for some, this was a great disappointment. One staff member said, "My biggest disappointment with the campaign is that national collaboration never happened."

The constraints facing other organizations: Those involved with the CCS probably underestimated the difficulty of getting independent organizations to work together. Like all nonprofit organizations, those that were targeted for collaboration have their own priorities, their own institutional needs, and (probably) rather severe limits in terms of resources, staff, etc. To redirect their energies and focus on a new issue such as child survival within a collaborative framework would have required that they shift resources away from on-going activities that were also important. And so the institutional difficulties facing organizations that were asked to re-order their priorities to work together on the Campaign for Child Survival were probably underestimated.

The perception of a limited pool of support for development assistance: Each of the organizations targeted to collaborate depends on contributions for its existence. Since these organizations all have a similar purpose, senior personnel in these organizations may have felt that funds donated to one organization were likely to come from money that would otherwise have gone to another. That is, there seemed to be a belief that the organizations are in competition, that the pool of public support for development assistance is limited, and that any resources going to the CCS would be at the expense of another on-going program or organizations.

In fact, evidence suggests that the contrary is the case. The Public Agenda's research for the CCS suggests that infant mortality may have been nearly an ideal issue to increase the pool of public support or donor-base for development-related issues for all organizations; given the appeal of this issue to people from all parts of the country and political orientation (described in our first report for the project), child survival might have increased the level of support for all the organizations involved in development assistance had they collaborated on the CCS.

While those involved with the CCS may have underestimated the difficulty of getting independent organizations to work together, they did not disregard the problem. Indeed, these difficulties were one reason for setting education as the campaign's goal. Education, it was felt, was an area in which all the organizations could cooperate to their mutual benefit. But one staff member said, "The degree to which these organizations are competitive was underestimated. They are very suspicious about statements that fundraising is not the goal [of an effort like the CCS]." The organizations also had questions about the motives of the U.S. Committee. "They wanted to know," one staff member said, "why UNICEF would initiate the campaign unless it expected to benefit -- which, they felt, would be at their own organization's expense."

The administrative structure may have given organizations pause: The special role that the U.S. Committee for UNICEF played in the CCS was another factor that may have inhibited collaboration. One staff member said, "The campaign is housed in the [U.S. Committee for] UNICEF office, the campaign coordinator has a contract with and is paid by UNICEF, and reports to the UNICEF regional director. Therefore, UNICEF was seen as sponsoring and initiating the CCS at the community level." And so, after much negotiation and discussion, it gradually became apparent that it would be impossible to make the CCS a truly collaborative effort.

Local collaboration was impossible without national coordination: In the design of the campaign, it was assumed that collaboration at the national level would support parallel collaborative efforts at the city campaign level. But once it became clear that there would not be national coordination, local collaboration proved to be impossible. One staffer said, "It's difficult [to get organizations to work together] when collaboration has to start at the local level." Another added, "National support is essential for organizing the representatives of local groups. Because the national effort at collaboration failed, the support of the national organizations never trickled down to us at the local level."

In sum: The failure of the collaboration model may have been a great missed opportunity for all the organizations working on development education. The evidence suggests that all these organizations could have benefitted -- perhaps enormously -- from collaborating on an effective national effort to raise Americans awareness of international infant mortality. However, the difficulties of getting independent organizations to work together were almost certainly underestimated. While collaboration among independent organizations may be a desirable goal, considerable planning and great pains will be needed to make collaboration a reality in any future efforts.

4. Locating a campaign such as the CCS within an existing organization such as the U.S. Committee for UNICEF can cause institutional tensions.

The campaign was seen as additional work: The CCS was administered within the local offices of the U.S. Committee for UNICEF, an arrangement that led to certain tensions. Campaign staff members complained that the CCS was not a high priority for UNICEF regulars. To members of the regular UNICEF staff, they said, the CCS was merely additional work for an already overloaded organization. One campaign staff member said, "The U.S. Committee for UNICEF makes extraordinary demands on its regular staff. Given what they had to do already, the campaign did not get the highest priority [in the local UNICEF office among the regular staff]." Another campaign staff member said, "The U.S. Committee for UNICEF didn't support the child survival campaign. To them, the campaign was just a pain because they [the regular UNICEF staff] was already overextended."

The campaign was in competition for limited resources: The CCS also had to compete for office space, equipment and supplies with the on-going U.S. Committee for UNICEF activities. One campaign staff member said, "I got my office moved around several times because I was seen as a burden. [The CCS] took up space in an already crowded office. When I needed to use the Xerox machine, I was low man on the totem pole. I was told, 'This is not meant personally, but our [regular UNICEF] projects are more important [than the CCS].'"

The campaign was seen as a financial drain: Tensions may have been exacerbated because of a belief that the CCS was a financial drain on the U.S. Committee. One staff member said, "The Committee sunk something like a half million dollars in addition to the Carnegie money into the campaign. And, because this is not a fundraising effort, UNICEF can never get that money back."

The status of the campaign coordinator: The relationship between the campaign and the other activities of the U.S. Committee may have been symbolized by the status of the campaign coordinators. Coordinators were hired as consultants, without organizational benefits such as vacation, retirement, sick leave, and health insurance. One staff member said that the coordinators held a kind of "fringe" status and complained that CCS coordinators were expected to work on UNICEF activities that had no relationship to what they had been hired to do. One staff member said, "The campaign coordinator had to participate in National UNICEF Day and other [regular UNICEF] activities. Whenever there was a special [regular UNICEF] event, the coordinator was pulled off the Campaign for Child Survival to work on it."

In Sum: The tensions that can be created when a temporary effort is administered within an existing organization are considerable. Unless organization regulars enthusiastically share the view that a temporary effort is vital to the organization's overall mission, the effort's effectiveness may be severely handicapped by such an arrangement.

5. Reporting procedures designed to measure the impact of an effort can generate inaccurate statistics and also create morale problems.

Campaign staff felt that there was definite value in having reporting procedures to measure the impact of their work. However, several said the methods used (such as tallying newspaper clippings, the number of speaking engagements and requests, the number of requests for showing the campaign film, etc.) were inadequate in several respects; and some comments suggest that the procedures may have affected morale.

The categories used to evaluate the effort were not clearly defined: Local campaign staff sometimes felt that the quantitative methods and categories used to measure the campaign's accomplishments generated misleading information. Staff were asked to tally outreach activities (such as requests for brochures or the campaign's film) on a regular, monthly basis and report the totals to the national office. "But people [in different cities] completed the forms differently," one staff member said. "There was not a standard for how to count contacts. You could count the mailing of fifty information kits to a business group as fifty mailings or as a single mailing. And if one person called five times, was that one contact or five?" As a result, this person implied, the CCS national director and the effort's Evaluation Committee could rather easily be led to draw inaccurate conclusions about the level of activity in a particular model city.

Evaluating an effort whose impact may be subtle and long-term: It is especially difficult to measure the effectiveness of an effort with a goal as broad as this one. For one thing, the main impact may well be subtle and long-term. One staff member said, "It's difficult to measure the impact of the Campaign for Child Survival on children who will grow up and, as adults, contribute to UNICEF in the future."

One way to document this type of impact is to develop measures of intermediate effect. In the case of the CCS, a survey of community leaders was conducted both before and after the campaign. The survey was based on the assumption that the impact of the effort is likely to be clearest among elites, and that such impact will "trickle down" from leadership to other segments of the community. As shown in the Public Agenda's report on the leadership survey, the impact of the Child Survival Campaign on leadership awareness in the five model cities was significant.

In Sum: Procedures used to evaluate an effort such as the CCS should be designed carefully to take into account accuracy and the potential effect on staff morale. Those working on this effort welcomed the *idea* of being evaluated, in part because it made them feel as if what they were doing was important. And so we would recommend that on-going evaluation be part of any future effort; however, the methods used should be designed with the possible negative effects in mind.

6. It is difficult to foresee the level of interest an effort will generate among different leadership segments in a community and easy to misunderstand the motivation of those who may get involved in an effort.

Campaign staff members were responsible for targeting community segments to which to direct their outreach activities. While targeting was often done with help from a steering committee, some staff members said they misjudged the responsiveness of particular segments, either overestimating or underestimating the level of response.

Over- and underestimating interest: Campaign staff sometimes misjudged the support that could be obtained from the business community. In one city, initial efforts were directed toward leaders of the largest corporations in town. But one staff member said, "I was surprised we couldn't get more involvement from the huge corporations, especially those that are in the food (i.e., nutrition) business."

However, staff sometimes learned that businesses with international ties were more supportive of the effort, even if that firm's local operations were relatively small. Such business leaders were more likely to be aware of Third World issues, and may have felt that getting involved with child survival would help them generate favorable publicity overseas. In a similar vein, one staff member said that the responsiveness of health professionals from community hospitals had been overestimated; however, the interest of members of an international health care professional association was considerable and had been initially underestimated.

Response may depend on timing: The responsiveness of certain organizations may depend on the timing of the outreach attempt. For example, campaign staff sometimes underestimated how willingly service organizations such as the Rotary Club would assist the campaign. In practice, they discovered that when outreach directed to such organizations was well-timed and coincided with the conclusion of other projects, there was significant willingness among such groups to take up the issue of Third World infant mortality and make it their own.

In Sum: There are many factors and considerations that determine whether an organization or leadership segment will support an effort like the CCS. And while it is difficult, if not impossible, to take all of them into account before an effort begins, advance planning efforts should try to identify and target groups that might be most interested in an effort.

7. The effectiveness of materials can be increased at little cost.

An effort's materials are based on assumptions about what will be effective with the target audience: Efforts like the CCS rely on materials such as brochures and films to communicate with the public about the effort's basic message. The development of such materials is inevitably based on certain assumptions about the target audience. Such assumptions include which message to emphasize, which terms need to be defined and which ones are already understood, which graphics will be most effective with the target audience, and so forth. Often such assumptions involve the level of knowledge people have about the issue, the attitudes they hold, their level of interest in the issue, and the kinds of messages that will encourage them to give the effort serious attention.

It is easy and comparatively inexpensive to "market test" the effectiveness of materials: In most public education efforts administered by nonprofit agencies, materials are developed without systematically testing their effectiveness; but a professional assessment of people's likely reactions can be quick and comparatively easy to complete. Such an assessment can be crucial because campaign materials are expensive to produce and their effectiveness is often critical to the effort's success.

The Public Agenda tested materials for the CCS. To gauge the impact of a brochure, we conducted two focus groups in two cities. A memo was prepared detailing what people understood, what they found confusing, and summarizing the piece's strengths and weaknesses in terms of its ability to communicate effectively with typical citizens. Reacting to that memo, the CCS campaign director and staff incorporated the findings and prepared a new brochure that was much more likely to accomplish its mission of communicating clearly and effectively about the campaign.

In sum: It is comparatively easy and inexpensive to use focus groups or depth interviews to "market test" people's reactions to an effort's materials, brochures, films, posters, slogans, etc. Such "market testing" can lead to revisions that can significantly enhance the desired effectiveness of such materials.

8. A decentralized effort has particular strengths and weaknesses.

Tailoring the campaign to its setting: The CCS operated in a decentralized fashion, with the model city campaign staffs having considerable autonomy. This structure led to a number of notable accomplishments. Because of its decentralized nature, the campaign could take advantage of local opportunities. One staff member said, "Each city has different assets: L.A. has show business, Atlanta has the Carter Center, and so forth. Houston would not be appropriate for a legislation campaign but Austin would have been. Letting each city tailor its effort was a good idea."

One campaign activity that took advantage of local assets was in the Twin Cities where the Kiwanis organized a function with the Minnesota North Stars Hockey Team and a fast food chain. GOBI buttons with child survival information were attached to coupons for a free hamburger and distributed to spectators at the hockey game whenever the North Stars reached certain goals.

The local campaign staffs shared information with each other: The local staffs felt that the campaign benefitted from sharing work developed by the local efforts, especially the educational curriculum developed in Atlanta, the public service announcements with Robert Guillaume, Vincent Price and Barbara Jordan that were made in Houston, the poster and poetry contest organized in Philadelphia, and the religious observance weekend kit designed in Los Angeles.

The local campaigns revised each other's creations: The local campaigns not only shared ideas and resources, they also refined each another's creations which, staff members felt, made them more applicable to their own city. For example, the Atlanta child survival curriculum and the Los Angeles religious observance weekend kit were revised by staff in other model cities for use in those cities.

Decentralization resulted in an additional city taking on the effort: One staff member said, "Seattle wanted to be a model city, but wasn't selected. Yet it did an excellent campaign with little resources. It probably succeeded because the campaign was autonomous."

On the other hand, decentralization may lead to less coordination, less systematic planning, and reduced efficiency: The decentralized model made it more likely that city campaigns would begin without a specific plan for outreach. One staff member said, "My 'goals and objectives' weren't set until eight months after I started. The national office never asked for this." Another staff member said, "It was up to us locally to choose community segments to which to direct our outreach efforts. From day one there should've been a two-year plan of action. We should have had a calendar for each city."

The lack of a systematic plan made it difficult to ensure that campaign materials were available when needed. One staff member said, "The [campaign] film arrived too late to be used in my city's launching of the effort." Another staff member said, "When I needed brochures or campaign letterhead it seemed as if they always seemed to arrive late."

In sum: The decision to administer an effort in a decentralized fashion has a number of advantages. However, certain problems may almost be inevitable; to minimize their influence, they must be considered and planned for ahead of time.

9. Trying to involve specialists (such as media professionals or public relations firms) can lead staff members to postpone generating publicity themselves and instead wait until the "pros" arrive.

Efforts like the CCS seemingly have everything to gain and nothing to lose by trying to enlist specialists such as a public relations firm to work on a *pro bono* basis and generate publicity. But involving such professionals can have a counterproductive effect in ways that are not easy to anticipate.

Undermining staff motivation: The expectation that prominent public relations professionals will generate publicity may reduce staff members' motivation to generate publicity on their own. Instead of doing all they possibly could, some CCS staff members put off working in this area, and rationalized their decision by saying they were waiting for the public relations firm to come on board. In effect, staff often seemed as if they were "Waiting for Godot." One of them said, "We originally planned to be followers rather than leaders in developing publicity for the campaign. We expected national news coverage to happen without our help. At some point we shifted gears drastically to become leaders. We realized that we had to go out and aggressively seek media contacts on our own." Another said the campaign staff made more progress in generating publicity when they realized that they had to do it themselves rather than to wait for a prominent firm working through the national office.

The belief that a high-powered media and public relations specialist will publicize a campaign can also lead to very high expectations. One staff member said, "I thought the national office would take the lead in ensuring that there was major national advertising, with big national events and major publicity. I thought there might be a national religious ceremony, a huge event with major media coverage. The impression was that there would be a huge media campaign orchestrated from the national level and supporting publicity at my city level with billboards, a message on a GoodYear blimp, and a float carrying a message in a parade." When such expectations are not met, they can impair morale in the most serious way.

In Sum: The potential involvement of nationally prominent public relations firms may cause staff to sit back and wait for the "pros" to generate publicity even though a considerable amount of success could be achieved through their own efforts. And even if a professional public relations firm does get involved in an effort, its contribution will almost certainly be less than was dreamed of by some staff members. Therefore, future efforts should anticipate that staff may both consider the involvement of a professional firm to be a substitute for their own efforts and may overestimate what a professional firm can realistically be expected to do. Professionals are not and should not be considered substitutes for staff efforts.

10. While prominent representatives can increase an effort's effectiveness, the work required to use such people effectively is easy to underestimated.

Working with VIPs takes a lot of time: It is easy to underestimate how time-consuming it is to effectively use help from nationally prominent VIPs. In the CCS, some staff members had high hopes about what campaign spokesmen would do or would be able to do. One of them said, "At the beginning, I thought Lee Iacocca and Presidents Carter and Ford would telephone their friends and get them to support the campaign in the five cities. But of course this didn't happen." Staff members were then disappointed when they realized what the actual level of such people's help would be.

It is also easy to underestimate how much staff time and effort is required to effectively work with and utilize such people. For example, if a former president agreed to visit a city on behalf of the effort, the work required to plan for and publicize his visit would be enormous. TV and film stars and other VIPs who volunteer their time and efforts all need considerable staff support.

Enlisting the help of prominent persons: It is also easy to underestimate how much time is required to recruit prominent individuals to help in an effort. One staff member said that efforts to recruit a

VIP proceeded "down to the wire" [because of uncertainties about the person's schedule], thus leaving insufficient time to publicize the event.

The kind of help to request: The time of VIPs is their most precious resource. And so, one staff member said, when recruiting such persons to help, tasks should be designed for them that do not require much of their time. That person said, "My city's Blue Ribbon Advisory Council met only once. And that was an important selling point for me in recruiting them; I knew their time was valuable and so I didn't ask for much of it. The Blue Ribbon Council members helped us generate publicity for an event. But I could only ask them for very specific things: to contact a few individuals, or to make a public presentation, or to sign a letter."

In Sum: Enlisting the help of VIPs can greatly enhance an effort's effectiveness. But the staff time and effort required to recruit and effectively use the time of VIPs can hardly be overestimated.

11. The time required to use volunteers productively is considerable.

It takes time to recruit volunteers: Local campaign staff members found that recruiting volunteers required a lot of work: giving presentations to groups and asking for help, doing mass mailings to people who might be interested, talking to people who had been volunteers for another UNICEF project, and doing follow-up phone calls with those expressing interest in the effort. One staff member said, "I spent lots of time simply recruiting volunteers and interviewing them to see what they wanted to do and what skills they had that could be useful in the campaign."

It takes time to plan volunteer activities: An effort that uses volunteers productively must come up with activities that volunteers can complete. But what seems obvious may be difficult, given the limited time and skills that volunteers often have. One staff member said, "You need projects for volunteers to do. But we did not do enough planning or thinking about volunteer activities." The person suggested it was important to have a list of activities from which volunteers could choose so that they would not get bored. Another staff member raised questions about volunteers' skills, saying "We could suggest tasks -- for example, that volunteers do a survey in their neighborhood to see how many children under five haven't gotten immunized against major childhood illnesses. But work like that requires certain skills that the volunteers may not have."

Working within organizational constraints: Volunteer activities have to be considered within the constraints of the organization's resources. Some campaigns were housed in minimal space, with little furniture, perhaps in a small room with a desk, chair and telephone. Planning how to use volunteers must take into account questions such as where they will work, the equipment they need, etc.

Training and supervision: Training or explanation of a task to the volunteer is required. Then staff must supervise volunteers to ensure that the task gets completed in a timely and satisfying fashion. Supervision can also entail providing feedback to acknowledge the volunteers contribution by, for example, organizing a reception to honor them. In the CCS, volunteer-related activities consumed a large portion of local campaign staff time.

In Sum: The payoff of using volunteers is not always immediate. While volunteer help can be a great asset, the time and effort needed to use volunteers effectively should not be underestimated.

12. The nearly two-year length of the Campaign for Child Survival led to a lack of focus.

A long effort has advantages and drawbacks: One advantage of a long-running effort is that its momentum can snowball, with support building as people hear about it. Some of the major accomplishments of the CCS (including the the religious curriculum for Houston churches, the school curriculum for Atlanta elementary schools, School Awareness Week in Minneapolis, and the Children Express Hearings in LA and Philadelphia) occurred many months after the effort had begun. A long effort also gives staff more time to learn from their experience. "We floundered a lot in the beginning," one staffer said.

But an effort such as the CCS that lasts for nearly two years tends to lack focus or identity as a special, intensive effort. One staff member said, "This [the CCS] didn't even feel like a campaign. When I think of a campaign, it has a beginning, middle and end, and a sense of what is expected. This [the CCS] had none of that."

It is also hard to develop a great deal of emotional intensity with a long-running effort. The CCS did not feel like a campaign, a staff member said, because it did not have a "sense of urgency" about it. In a short campaign, it is comparatively easy to get people to make extraordinary efforts since the campaign (and thus the period of sacrifice) will be for a limited period of time. But with the CCS, it was hard to get staff to become involved with that level of emotional intensity because the effort was an on-going one. Additionally, it is almost certainly harder to interest the news media to cover a "campaign" that lasts for nearly two years than it is to get them to focus on something lasting a few weeks. Finally, in a long-running campaign, staff turnover (and all the complications that such turnover will lead to) is far more likely.

In Sum: The decision to run the CCS over twenty-two months made it difficult for the effort to develop a clear focus and a level of intensity normally associated with a "campaign." In addition, and especially in combination with its decentralized nature, the effort's length often made it seem as if little were happening when, in fact (as shown in our report on community leaders' attitudes), a good deal of work leading to rather dramatic change in leadership thinking was taking place.

METHODOLOGY

This report is based on the Public Agenda's involvement with the CCS from its beginning, and the results of ten interviews with staff members who were intimately involved with the Campaign for Child Survival. Respondents included the five coordinators of the CCS model city campaigns (in Atlanta, Houston, Los Angeles, Minneapolis, and Philadelphia), and the five directors of the U.S. Committee for UNICEF regional offices in the five model cities.

In conducting the interviews, respondents were promised that their confidentiality would be protected. Therefore, in this report, respondents are referred to without reference to city, gender or position.

The interviews were conducted by telephone by Dr. Cheryl Koopman in November and December, 1987. The initial interviews lasted about two hours each, and some follow-up interviewing was also done. The questionning was open-ended, and designed to let respondents describe their feelings in the broadest possible way. The results from these interviews were carefully analyzed before this report was written. While some of the respondents' quotes were edited for grammar and clarity (and to preserve anonymity), extreme care was taken to keep the original meaning intact.

ABOUT THE PUBLIC AGENDA FOUNDATION

The Public Agenda is a nonprofit, nonpartisan research and education organization that specializes in public understanding of complex policy issues. Founded over a decade ago by public opinion analyst Daniel Yankelovich and former Secretary of State Cyrus Vance, Public Agenda's indepth research probes beneath public opinion -- people's top-of-the-head reactions to issues -- to uncover public judgment -- people's views on issues when they have confronted them realistically and weighed the choices and tradeoffs they present. Public Agenda citizen education materials provide average Americans with imaginative and compelling means to understand complex issues for themselves. The organization has conducted research and prepared educational materials on a variety of public policy issues including nuclear arms and U.S./Soviet relations, rising health care costs, Social Security and retirement, social welfare reform, prison overcrowding, and the federal budget deficit.

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National Academy of Science
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Veatch Program
Volvo AB
Western Governors' Association
Working Woman

PUBLICATIONS AVAILABLE FROM THE

PUBLIC AGENDA FOUNDATION

CHILDREN:

Childcare and Working Parents: Executive Summary (1983). John Immerwahr, Judith Golub, and Harvey Lauer. An examination of changing economic realities for married couples and single parents, including analysis of national survey data and indepth interviews with both childcare experts and working parents. Part of the multi-year project on jobs and work, "Jobs in the 1980's and 1990's". 22pp. Price: $5.00.

Community Leaders' Attitudes About Child Survival (1987). John Doble and Judith Kallick. Prepared for the U.S. Committee for UNICEF and the Carnegie Corporation. The report contains findings of a survey conducted with over 1,000 community leaders in five cities to assess their views about third world infant mortality. 57pp. Price: $10.00.

Children at Risk, Families at Risk: The Public's Perspective on Child Abuse and Neglect (December, 1987). John Immerwahr and John Doble. Report on public misperceptions about foster care based on series on ten focus groups conducted across the country. Prepared for the Edna McConnell Clark Foundation.

Infant Mortality in the Third World: The Public's Reactions to Child Survival (1986). John Doble. A report for the U.S. Committee for UNICEF analyzing obstacles blocking citizens' consideration of ways to reduce infant mortality in developing countries, with recommendations for the Child Survival Campaign of UNICEF. 46pp. Price: $8.00.

CRIME AND CORRECTIONS:

Crime and Corrections: A Review of Public Opinion Data Since 1975 (1986). Mary Komarnicki and John Doble. Findings, detailed observations and tables of surveys from many sources organized into six sections detailing people's attitudes towards the criminal justice system, police, courts and prison system, and the causes and problems of crime. Prepared for the Edna McConnell Clark Foundation. 131pp. Price: $18.00.

Crime and Punishment: The Public's View (1986). John Doble. Prepared for the Edna McConnell Clark Foundation. A qualitative analysis of ten focus group discussions exploring people's opinions on crime and corrections, the rationale for their views, and their views on alternatives to incarceration as a means to reduce prison overcrowding. 85pp. Available from the Edna McConnell Clark Foundation, 250 Park Avenue, New York, NY, 10017 (212) 986-7050.

EDUCATION AND THE PUBLIC SCHOOLS:

SchoolVote: A Public Choice Campaign (1985). An information kit describing a citizen information campaign of issues facing the public schools conducted by Public Agenda with local media sponsors in 1985 in the greater Philadelphia area and in 1987 in Milwaukee. Contains press releases, storyboards, and sample materials from the campaign. Provides information on media participation, community and leadership involvement, and results of culminating SchoolVote "balloting." Price: $2.00.

SchoolVote Ballot Results (1985). Results of balloting from pilot SchoolVote campaign conducted in Philadelphia and the Delaware Valley in 1985 where 100,000 citizens "cast a vote" on choices regarding critical education issues including class size, teacher evaluation, and enriched programs for preschoolers. Price: $8.00.

ENGINEERING, SCIENCE, AND TECHNOLOGY:

Engineering and Technology: The Public's Perspective (1986). John Doble and Mary Komarnicki. A qualitative analysis of focus group discussions on the public's attitudes about engineers and engineering. Prepared for the National Academy of Engineering. 46pp. Price: $8.00.

Public Attitudes Toward Engineering and Technology (1986). Mary Komarnicki and John Doble. An analysis of existing opinion survey data on engineering and technology with detailed observations, tables, and survey questions and responses. Prepared for the National Academy of Engineering. 106pp. Price: $20.00.

Science Policy Priorities and the Public (1983). John Doble. A pilot study assessing the public's willingness and ability to participate in setting priorities for scientific research. Prepared in association with Harvard University for the National Science Foundation. 88pp. Price: $12.00.

HEALTH CARE COSTS:

Curbing Health Care Costs: The Public's Prescription (1983). John Doble, Jean Johnson, and Jeff Tuchman. Report on pilot citizen education campaign on rising health care costs -- HealthVote 82 -- conducted in Des Moines, Iowa. Contains data about public understanding of health costs before and after the information campaign and describes the communications activities that led to increased public knowledge of the issue. 80pp. Price: $6.50.

HealthVote: A Public Information Campaign. An information kit describing a citizen information campaign on rising health care costs conducted by Public Agenda with local media sponsors in cities across the country. Contains press releases, storyboards, and sample materials from the campaign. Provides information on media participation, community and leadership involvement, and results of culminating "balloting." in the cities. Price: $2.00.

HealthVote Ballot Results (1985). Detailed results of ballots from five HealthVote campaigns conducted in Dayton, Kansas City, Minneapolis, Peoria, and Raleigh in 1985 where citizens were asked to "cast a vote" on critical health care issues including care of low income citizens and the elderly, malpractice, and use of HMOs and similar alternatives. 20pp. Price: $5.00.

JOBS AND PRODUCTIVITY:

Jobs in the 1980's and 1990's: A Sourcebook for Policy Makers (1983). Harvey Lauer. Report of comparative studies conducted in the United States, Great Britain, West Germany, Japan, and Sweden on workers' attitudes about productivity, unemployment, worker incentives, and job satisfaction. Prepared as part of the "Jobs in the 1980's and 1990's" project. 359pp. Price: $15.00.

Managing for Motivation in a High Discretion Workplace (1983). Daniel Yankelovich. An examination of factors contributing to enhanced productivity, including a list of "dos and don'ts" for stimulating the work ethic. Prepared as part of "Jobs in the 1980's and 1990's" project. 43pp. Price: $5.00

New Technnology in the Workplace: A Quotebook of Opportunities and Options (1985). Mary Komarnicki. Highlights of findings of the "Technology and Human Resource" project, a study designed to explore ways to introduce new technology in the workplace to enhance worker acceptance and productivity. (102pp). Price: $10.00. Summary report available: $5.00.

People and the New Technologies: An Issue for Managers (1983). Franklin Lindsay, Jerome Rubin, and Richard Cohen. Paper presented at the 1983 Wharton/Reliance Symposium on "Removing Obstacles to Economic Growth" discussing interviews with managers and experts conducted for the "Technology and Human Resources" project. 46pp. Price $7.50.

Putting the Work Ethic to Work (1983). Daniel Yankelovich and John Immerwahr. A ground-breaking report on the state of the American work ethic and its relationship to America's economic vitality. Report is based on indepth interviews with 845 working Americans and includes findings from comparative studies conducted in Great Britain, West Germany, Japan, Israel, and Sweden. Published as the culminating report of the "Jobs in the 1980's and 1990's" project. Includes executive summary. 45pp. Price: 20.00. Bulk rates available.

Work in the 1980's and 1990's: A Series of Nine Articles Appearing in Working Woman Magazine (1983). Julia Kagan. Series of articles highlighting findings from the "Jobs in the 1980's and 1990's" project, with special emphasis of views of women in the work place. Focuses on working mothers and child care, job satisfaction and productivity, technology in the workplace, and retirement. 19pp. Price: $5.00.

NUCLEAR ARMS AND U.S./SOVIET RELATIONS:

Nuclear Proliferation: The Public's View (1985). John Doble. Report on Americans' attitudes concerning the spread of nuclear weapons. Prepared for the Roosevelt Center for American Policy Studies in Washington, DC. 52pp. Price: $8.50.

The Public, the Soviets, and Nuclear Weapons: An Information Kit (1987). Describes the multi-year joint effort of Public Agenda and the Center for Foreign Policy Development at Brown Univerisity to explore and enhance the public's role in development of the country's long term policies for nuclear arms and U.S./Soviet relations. Includes information about Public Summit '88, a citizen information campaign to be conducted in cooperaton local television and newspapers in four cities in January, 1988. Campaign asks citizens to think about both short-term and long-term options for relations with the Soviets. Single copies available free of charge.

The Public, the Soviets, and Nuclear Weapons: A Perspective from Community Leaders (1987). Report on series of workshops held with community leaders in ten cities examining issues such as deterrence, the Strategic Defense Initiative, and the spread of Marxism in the Third World. Conducted for "The Public, The Soviets, and Nuclear Arms," a joint project of the Public Agenda and the Center for Foreign Policy Development at Brown University. 62pp. Price: $10.00.

Voter Options on Nuclear Arms Policy: A Briefing Book for the 1984 Elections (1984). The Public Agenda Foundation and the Center for Foreign Policy Development at Brown University. Report based on a 1984 indepth study of Americans' views about nuclear arms, the Soviets, arms control, and communism in the Third World, and an analysis of opinion data on these issues since 1945. Outlines areas of consensus and confusion among Americans and contrast public opinion, elite views and existing policy options. 90pp. Price: $6.00. Technical Appendix: $10.00.

U.S.-SOVIET RELATIONS IN THE YEAR 2010: AMERICANS LOOK TO THE FUTURE (1988). Final report on a research study of nearly one thousand citizens on the future of U.S.-Soviet relations, conducted jointly by the Public Agenda and Brown University's Center for Foreign Policy Development. 131pp. Price: $10.00. Technical Appendix: Forthcoming. Also available, summary ballot results from Public Summit '88, the joint citizen information campaign of Public Agenda and the Center for Foreign Policy Development, and conducted in cooperation with local television stations and newspapers in four cities across the country. Price: $5.00

SOCIAL WELFARE POLICY:

Options for Social Welfare Policy: The Public's Views (1986). John Doble and Keith Melville. Examination of public knowledge and misperceptions about welfare policy based on series of six focus groups. Prepared for the Ford Foundation. 52pp. Price: $6.50.

The Public's Perspective on Social Welfare Reform: (January, 1988). Keith Melville and John Doble. Report on major indepth study of public attitudes about social welfare and proposals to reform the welfare system, including reforming AFDC, expanding early childhood intervention, assisting the working poor, and extending government-provided health insurance. Prepared for the Ford Foundation. 86pp. Price: $10.50. Technical Appendix: 124pp. Price: $15.00.

REGIONAL STUDIES ON ECONOMIC GROWTH AND THE ENVIRONMENT

The Kanawha Valley: A Report on Public Attitudes Toward Economic Benefits and Environmental Risks (1986). Richard Harwood. A report on the views of residents of Kanawha Valley (Charleston, West Virginia) on chemical production, environmental trade-offs, chemical companies in the Valley and their economic benefits. Prepared for the National Institute for Chemical Studies. 64pp. Price: $10.00

International Competitiveness in the West: The Public's View (1986). Public Agenda Foundation. Report on focus groups conducted in the western states focusing on the region's economic vitality, international competitiveness and protectionism. Prepared for the Western Governors' Association. 34pp. Price: $7.00.

Survey of Attitudes of the Puget Sound Work Force on Economic Growth and the Work Place (1982). Introduction by William D. Ruckelhaus and Brewster C. Denny. Survey of 500 employed reisdents of three Puget Sound counties on work preference, living environment, economic growth, and worker commitment and productivity. Report provides insights into worker morale at small and large corporations and what workers view as important returns on a job. Survey covers "discretionary" worker effort and willingness to accept environmental trade-offs for economic growth. 110pp. Price: $15.00.

Water Efficiency in the West: The Public's View (1986). Public Agenda Foundation. Summary of series of focus groups in the Western states exploring public understanding and perspective on water shortages and allocation. Prepared for the Western Governors' Association. 43pp. Price: $7.50.

OTHER PUBLIC AGENDA PUBLICATIONS:

Campaign Finance: Defining the Problem, Proposing a Remedy (1985). Keith Melville and Mary Komarnicki. A report on a 1985 Aspen Institute Conference on Campaign Finance which discusses the problem of financing campaigns, the advantages of a wealthy candidate, the increasing influence of PACs, and the diminishing contributions made by voters themselves. Conference examined unintended effects of reforms of the 1970s and prospects now for public support for reform. 15pp. Price: $4.50.

The Federal Budget Crisis: The Public's Response (1983). John Doble and James Shapiro. A discussion of public misperceptions that may be obstacles to addressing the federal budget deficit. The report is based on indepth interviews with citizens in five cities across the country. Prepared for the Committee for a Responsible Federal Budget. 28pp. Price: $5.00.

Sex on Campus: Sexually Transmitted Disease: Surviving the Epidemic of the 1980s (1987). Keith Melville. A 16-page guide for college students laying out the dangers of sexually transmitted diseases, including A.I.D.S., and presenting questions and answers about prevention and self-protection. Prepared for the College Satellite Network with guidance from the Centers for Disease Control, the American College Health Association, and the American Council on Education. Price: $2.00.

The Speaker and the Listener: A Public Perspective on Freedom of Expression (1980). John Immerwahr, Jean Johnson, and John Doble. Introduction by Daniel Yankelovich. Report on a national opinion survey of Americans' attitudes about freedom of expression, the First Amendment, and the communications media. Outlines differences in perspective between professionals in journalism and the public. 65pp. Price: $25.00. Technical appendix: 212pp. Price: $17.00.

VIDEOTAPES AVAILABLE FROM THE PUBLIC AGENDA FOUNDATION:

What Should We Do in School Today? (1985). A 22-minute documentary presentation asking citizens to think through choices facing the public schools. Examines dilemma about curriculum, teacher pay and evaluation, class size, and enrichment programs for disadvataged children. Produced for the Public Agenda's SchoolVote campaigns by David and Albert Maysles. Beta, VHS, or 3/4" format. Purchase: For more information, please contact Jeff Tuchman at Public Agenda.

What Price Health Care? (1985). A 22-minute documentary presentation asking citizens to confront choices presented by the rising cost of health care. Focuses on incentives for hospitals, doctors, and patients to curb the cost of health care. Honored by the American Film Festival. Produced for the Public Agenda's HealthVote camapigns by Philip Garvin of NORAC, Inc. in 1982. Revised in 1985. Beta, VHS, or 3/4" formats. Purchase: For more information, please contact Jeff Tuchman at Public Agenda.

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